

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Mar 12 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **517644** (1)

1. Corporation Name
ALEJANDRO A. RADI, M.D., P.A.

Principal Place of Business
**580 WEST 8TH ST.
SUITE 502, MEDICAL CENTER PLAZA
JACKSONVILLE FL 32209**

Mailing Address
**580 WEST 8TH ST.
SUITE 502, MEDICAL CENTER PLAZA
JACKSONVILLE FL 32209-0530**

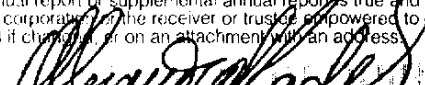


2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/02/1976		3a. Date of Last Report 03/27/1996	
21. Sub: Apt. #, etc.		26. Suite, Apt. #, etc.		4. FEI Number 59-1700325		Applied For Not Applicable	
22. City & State		27. City & State		5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
23. Zip		28. Zip		6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
24. Country		29. Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No			
9. Name and Address of Current Registered Agent RADI, ALEJANDRO A. 580 WEST 8TH ST., S-502 JACKSONVILLE FL 32209				10. Name and Address of New Registered Agent			
				81. Name			
				82. Street Address (P.O. Box Number is Not Acceptable)			
				83.			
				84. City			
				85. Zip Code			
				FL			

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE		(NOTE: Registered Agent's signature required when reinstating)		DATE	
12. OFFICERS AND DIRECTORS					
TITLE	P	☐ DELETE		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME	RADI, ALEJANDRO A.			☒ Change ☐ Addition	
STREET ADDRESS	7204 SAN PEDRO RD.			1.1 TITLE	
CITY - ST - ZIP	JACKSONVILLE FL			1.2 NAME	
				1.3 STREET ADDRESS	
				1.4 CITY - ST - ZIP	
TITLE	S	☐ DELETE		2.1 TITLE	
NAME	RADI, DIANA			2.2 NAME	
STREET ADDRESS	7204 SAN PEDRO RD.			2.3 STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE FL			2.4 CITY - ST - ZIP	
				3.1 TITLE	
				3.2 NAME	
				3.3 STREET ADDRESS	
				3.4 CITY - ST - ZIP	
				4.1 TITLE	
				4.2 NAME	
				4.3 STREET ADDRESS	
				4.4 CITY - ST - ZIP	
				5.1 TITLE	
				5.2 NAME	
				5.3 STREET ADDRESS	
				5.4 CITY - ST - ZIP	
				6.1 TITLE	
				6.2 NAME	
				6.3 STREET ADDRESS	
				6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation, the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: X 
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Alejandro A. Radi**

4/2/18/97 **904-398-7001**
Date Daytime Phone

CR2E034 (9/96)