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PROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **517644** **(1)**

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

Principal Place of Business	Mailing Address
580 WEST 8TH ST. SUITE 502. MEDICAL CENTER PLAZA JACKSONVILLE FL 32209	~~580 WEST 8TH ST.~~ ~~SUITE 502. MEDICAL CENTER PLAZA~~ ~~JACKSONVILLE FL 32209-6533~~

3. Date Incorporated or Qualified: **11/02/1976**
3a. Date of Last Report: **03/27/1996**

2. Principal Place of Business
21:
Suite, Apt. #, etc
22:
City & State
23:
Zip: 24: Country: 25:

2a. Mailing Address
26: 7204 San Pedro Road
Suite, Apt. #, etc
27:
City & State
28: Jacksonville, FL
Zip: 29: 32217 Country: 30:

4. FEI Number: **59-1700325** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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 **FL** 85 Zip Code

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 (Type or print name of registered agent and title if applicable) (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P RADI, ALEJANDRO A. 7204 ~~SAN~~ PEDRO RD. JACKSONVILLE FL ☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	☒ Change ☐ Addition 7204 San Pedro Rd. Jax, FL 32217
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S RADI, DIANA 7204 ~~SAN~~ PEDRO RD. JACKSONVILLE FL ☐ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	☒ Change ☐ Addition 7204 San Pedro Rd. Jax, FL 32217
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (9/96)

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 or 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 Alejandro A. Radi
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
X 2/18/97 Date
904-398-7001 Daytime Phone #