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

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

FILED							
Jan 20 1998 8:00am	ì						
Secretary of State							

Principal Pla	RD ROTELLA, M.D., P.A.	Mailing Address 515 161ST AVE			
REDINGTON BEACH FL 33708 US		REDINGTON BEACH FL 33708 US		DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified	
2. Principal I	Place of Business	2a, Mailing Address		12/28/1976 4. FEI Number	Applied For
21		26		59-1714971	Not Applicable
Suite, Apt	t. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
City & Sta	alo	City & State		6. Election Campaign Financing	Fee Required \$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the	
24	25 25 Name and Address of Curre	29 29 Agent	30	Personal Property Tax due June 30.  10. Name and Address of New Registers	Yes No
	OTELLA, RICHARD		81 Name	10. Maile and Ma	
	15 161ST AVE		82 Street Add	Iress (P.O. Box Number is Not Acceptable)	
RE	EDINGTON BEACH FL 33708				
			83		
			84 City	F	85 Zip Code
11. Pursuant office or agent. I. SIGNATURE:	am familiar with, and accept the obli	gations of, Section 607.0505, F	lorida Statutes.	poration submits this statement for the purpose tion's board of directors. I hereby accept the a	
12.	Signature, typed or printed name of registered as OFFICERS AT	good and tille if applicable (NC ND DIRECTORS	TE Registered Agent signature requi	ired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A	
TITLE	PDST	DELETE	1.1 YOLE	NEDITIONS AND TO STREET OF	Change Addition
NAME	ROTELLA, RICHARD		1.2 NAME		
STREET ADDRESS			1.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	REDINGTON BEACH FL	DELETE	14 CHY-ST-ZIP 21 TITLE		Change Addition
NAME		<u></u>	22 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2. 4 CITY - ST - ZIP		
TITLE		LJ DELETE	3 1 TITLE		Change Addition
NAME STREET ADDRESS			3.2 NAME 3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY- S1-ZIP		
TITLE		DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		-
CITY-ST-ZIP TITLE		DELETE	4.4 City - St - ZiP 5.1 Title		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP		Dr. Pre	5.4 CITY - ST - ZIP		
TITLE		☐ DELETE	61 TITLE		Change Addition
NAME STREET ADDRESS			6.2 NAME 6.3 STREET ADDRESS		
CITY-ST-ZIP			6 4 CRY - ST - ZIP		
	certify that the information supplies.	with this filing does not qualify		Section 119.07(3)(i), Florida Statutes. I further	certify that the information

ic and accurate and that my signature shall have the same legal effect as it made under oath; that I am ar owered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in