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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

(9)

| . Corporation N  | IENT # 54396<br>. soscia, m.d. p.a.  | 60 (9)   |  |  |  |                            |                            |                                      |  |
|--|--|--|--|--|--|----------------------------|----------------------------|--------------------------------------|--|
| Principal Place o  | of Business  | Mailing Address  |  |  | 100101 0361 01000 1144   |                            | II BIBIL BIBIL             | AHII AIBII A                         | 1011 DIBII 1801                        |
| Principal Place of Business Mailing Address  256 \$ NOKOMIS AVENUE 256 \$ NOKOMIS AVENUE  VENICE FL 34285 VENICE FL 34285  |  |  |  |  |  |                            |                            |                                      |  |
| FINGE 1 F OR   |  |  |  |  | 3. Date Incorporated or Q<br>08/29/1977                                | ualified                   | 3a. Date o                 | of Last Rep<br>/20/199               |  |
| 2. Principal Plac  | ne of Business   | 2a. Mailing Address  |  |  | 4, FEI Number  |                            |                            |                                      | pplied For                             |
|  | ,  | 26   |  |  | 59-1759748   |                            |                            |                                      | ot Applicable                          |
| Suite, Apt. #,   | etc.   | Suite, Apt. #, etc.  |  |  | 5. Certificate of Status De  | sired                      |                            | · -                                  | Additional<br>equired                  |
|  |  | Crty & State   |  |  | 6. Election Campaign Fina  | encina                     |                            |                                      | May Be                                 |
| City & State   |  | 28   |  |  | Trust Fund Contribution  |                            |                            |                                      | to Fees                                |
| Zip  | Country  | Zip  | Coun   | try  | 8. This corporation has lia  |                            |                            | under s                              | 199.032,                               |
| 4  | 25   | 29   | 30   |  | Florida Statutes   | Yes                        |                            |                                      |  |
|  | 9. Name and Address of Curre   | ent Registered Agent   |  | B1 Name  | 10. Name and Address of  | of New Re                  | gistered A                 | gent                                 |  |
|  |  |  | l'   | -  |  |                            |                            |                                      |  |
| SOSCIA, JOHN L.<br>256 S NOKOMIS AVENUE<br>VENICE FL 34285   |  |  | Ī  | 82 Street Addr   | ress (P.O. Box Number is Not   | Acceptable                 | }                          |                                      |  |
|  |  |  | -  | 83   |  |                            |                            |                                      |  |
| VENICE I   | FL 34285   |  |  |  |  |                            |                            | <del></del>                          |  |
|  |  |  | [1   | B4 City  |  |                            | FL                         | <b>85</b> Zip                        | Code                                   |
|  | o the provisions of Sections 607.050<br>d agent, or both, in the State of Flo<br>a, and accept the obligations of, Sec   |  |  | e-named corpo<br>orporation's boa  | ration submits this statement for<br>ard of directors. I hereby accept | or the purp<br>t the appoi | ose of char                | nging its re<br>registered           | egistered office<br>agent. I am        |
| or registere<br>familiar with  | id agent, or both, in the state of Flo<br>n, and accept the obligations of, Ser<br>signa ure, typec or printed name of registered age  | ent and title if applicable (f)  | OTE: Registered  | re-named corpo<br>orporation's boa<br>agont signature require  | ed when reinstating)   |                            | ose of char<br>ntment as i |                                      |  |
| or registere<br>familiar with<br>SIGNATURE<br>\$   | id agent, or both, in the state of Flo<br>n, and accept the obligations of, Ser<br>signa ure, typec or printed name of registered age  | ortion 607.0505, Florida Statute   | S.   | Agont signature require  |  |                            | DATE                       |                                      |  |
| or registere<br>familiar with<br>SIGNATURE   | id agent, or both, in the state of Fio<br>n, and accept the obligations of, Sei<br>Styria ure, typec or printed name of registered age<br>OFFI CERS A  | ent and title if applicable (ND DIRECTORS)   | OTE: Registered  | Agont signature require  | ed when reinstating)   |                            | DATE                       | DIRECTOR                             | RS IN 12                               |
| or registere familiar with BIGNATURE STATE | id agent, or both, in the state of Flo<br>n, and accept the obligations of, Sei<br>Stgria ure, types or printed name of registered age<br>OFFICERS A   | ent and title if applicable (ND DIRECTORS)   | IOTE: Registered /   | Agont signature require  | ed when reinstating)   |                            | DATE                       | DIRECTOR                             | RS IN 12                               |
| or registere familiar with SIGNATURE SITE.  DITLE NAME STREET ADDRESS  | nd agent, or both, in the state of FID n, and accept the obligations of, Sei  Styria ure, types or printed name of registered age  OFFICERS A  PD  SOSCIA, JOHN L.                           | int and title if applicable MD DIFFECTORS  | 13.<br>1.1 T II<br>1.2 NAI<br>1.4 C II   | Agont agnature require  LE  ME  REET ADDRESS Y-ST-ZIP  | ed when reinstating)   |                            | DATE  DATE  DATE  EAS AND  | DIRECTOF<br>Change                   | RS IN 12                               |
| or registere familiar with SIGNATURE  SIZE.  TITLE STREET ADDRESS  CITY-ST-ZIP   | od agent, or both, in the state of FID n, and accept the obligations of, Sei  OFFICERS A  PD  SOSCIA, JOHN L.  442 ANCHORAGE DR.   | ent and title if applicable (ND DIRECTORS)   | 280 by 418 cd<br>S.<br>113.<br>1.1 TII<br>1.2 NAI<br>1.3 STF<br>1.4 Cti<br>2.1 TII   | Agont agnature require  LE  ME  REET ADDRESS  Y-ST-ZIP  LE   | ed when reinstating)   |                            | DATE  DATE  DATE  EAS AND  | DIRECTOR                             | RS IN 12                               |
| or registere familiar with SIGNATURE  SIZ.  III.  STREET ADDRESS  CITY-ST-ZIP  III.E   | od agent, or both, in the state of FID n, and accept the obligations of, Sei  OFFICERS A  PD  SOSCIA, JOHN L.  442 ANCHORAGE DR.   | int and title if applicable MD DIFFECTORS  | 13. 1.1 TII 1.2 NAI 1.3 ST6 1.4 CIT 2.2 NAI  | Agont agnature require  LE  ME  REET ADDRESS  Y-ST-2IP  LE  ME   | ed when reinstating)   |                            | DATE  DATE  DATE  EAS AND  | DIRECTOF<br>Change                   | RS IN 12                               |
| or registere familiar with SIGNATURE  SIZ.  III'LE  VAME  STREET ADDRESS  CITY-ST-ZIP  VAME  STREET ADDRESS  STREET ADDRESS  | od agent, or both, in the state of FID n, and accept the obligations of, Sei  OFFICERS A  PD  SOSCIA, JOHN L.  442 ANCHORAGE DR.   | int and title if applicable MD DIFFECTORS  | 13. 1.1 TII 1.2 NAI 1.3 STI 2.1 TII 2.2 NA 2.3 STI   | Againt signature require  LE  ME  REET ADDRESS  Y-ST-2IP  LE  ME  REET ADDRESS   | ed when reinstating)   |                            | DATE  DATE  DATE  EAS AND  | DIRECTOR<br>Change                   | RS IN 12                               |
| or registere familiar with SIGNATURE  SIZ.  IITLE  VAME  STREET ADDRESS  CITY-ST-ZIP  IITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  CITY-ST-ZIP  | od agent, or both, in the state of Fion, and accept the obligations of, Sei  OFFICERS A  PD  SOSCIA, JOHN L.  442 ANCHORAGE DR.  | int and title if applicable MIND DIFFECTORS  DELETE  | 13. 1.1 TII 1.2 NAI 1.3 STI 2.1 TII 2.2 NA 2.3 STI 2.4 CII 2.4 CII 2.4 CII 2.4 CII 2.5 CII 2.7   | Againt signature require  LE  ME  REET ADDRESS  Y-ST-2IP  LE  ME  REET ADDRESS  Y-ST-ZIP   | ed when reinstating)   |                            | DATE ERS AND               | DIRECTOR<br>Change                   | RS IN 12                               |
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certry that the information indicated on this armual report of supplemental armual and oath; that I am an officer or director of the corporation or the receiver or trustee appears in Block 12 or Block 13 if changed, or on an attachment with an adoption

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME