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PROFIT CORPORATION ANNUAL REPORT



SIGNATURE: NICASIO M DAVID MD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # 555670

1. Corporation Name

(9)

NICASIO DAVID, M.D., P.A.

Principal Place of Business	Mailing Address		I INDIAN BIIN ANN ANN ANN INAN	i BAII hibii diani aidii aidi	( \$1\$11 BIB11 1891
4595 PALM BEACH BLVD SE SUITE 1 FT MYERS FL 33905	4595 PALM BEACH BLVD SE SUITE 1 FT MYERS FL 33905				
			3. Date Incorporated or Qualified 01/01/1978	3a. Date of Last R 04/24/19	95
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	<b>}</b> ∔	Applied For Not Applicable
	26		59-1787614		Additional
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	1 1 7	Required
City & State	City & State		6. Election Campaign Financing	<sub></sub> \$5.0	May Be
·	28		Trust Fund Contribution		d to Fees
Zip Country <b>25</b>	Zip	Country	8. This corporation has liability for it Florida Statutes Yes	intangible tax under s : [] No	199.032,
9. Name and Address of Currer	29	30	10. Name and Address of New R		
9. Name and Address of Currer	it hegistered Agent	81 Name			
DAME MICAGO IA D		20 00 14 4 14	ress (P.O. Box Number is Not Acceptab	olo)	
DAVID, NICASIO, M D		82 Street Add	ress (P.O. Box number is not Acceptate	Siej	
4595 PALM BEACH BLVD SE SUITE 1 FORT MYERS, FL		83			
33905		84 City		85 Z	ip Code
Pursuant to the provisions of Sections 607.050:		1 1 '		FL   T	
Pursuant to the provisions of Sections 607.050: or registered agent, or both, in the State of Flor familiar with, and accept the obligations of, Sec SIGNATURE	tion 607.0505, Florida Statute	,	w) when reinstation	DATE	
familiar with, and accept the obligations of, Sec SIGNATURE Signaria, typed or printed name of registered eger	ation 607.0505, Florida Statute	NOTE: Rog stered Agent signature requin	ed when reinstating)		ORS IN 12
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