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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 557788

(7)

JOSEPH J. DIBARTOLO, M.D., P.A.

Principal Place of Business Mailing Address 728 E OCEAN BLVD 728 E OCEAN BLVD STUART FL 34994-2332 STUART FL 34994 3a. Date of Last Report 3. Date Incorporated or Qualified 01/01/1978 02/28/1996 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 59-1788704 26 Not Applicable 21 Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 28 Trust Fund Contribution Added to Fees 23 Country 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No Zio Country Ζφ 30 24 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name 81 DIBARTOLO, JOSEPH J 728 E OCEAN BLVD Street Address (P.O. Box Number is Not Acceptable) STUART FL 34994 83 84 City 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 Signature, typod or printed cance of registered agent and title, trapplicable (NOTE Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. Addition DELETE Change 1.1 TITLE TITLE DIABARTOLO, JOSEPH J. NAME 1.2 NAME 728 E. OCEAN BLVD STREET ADDRESS 1.3 STREET ADDRESS STUART FL 1.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE 2.2 NAME 2 3 STREET ADDRESS STREET ADDRESS 2 4 CITY-ST-ZIP CITY-ST-ZIP DELETE 31 TIFLE Change Addition TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-2IP CITY-ST-ZIP DELETE Change Addition 4.1 TITLE TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 44 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 5 1 TITLE TITLE NAME 52 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-7-P DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS

6.4 CITY-S1-ZIF

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/hipport 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 on the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

SIGNATURE:

appears in Block 12 or B

NTURE AND TYPED OR PAINTED NAME OF BIGNING OFFICER OR DIRECTO

JOSEPH J. DIBA9-22-97 54-28-266

E034 (9/96)

FILED

Jan 29 1997 8:00am

Secretary of State