

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

PROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONSFILED
Feb 14 1997 8:00am
Secretary of State

DOCUMENT # 587676

(8)

1. Corporation Name

MANISCALCO, GLOVER, TOOLE & ALAGONA, M.D.'S, P.A.



Principal Place of Business

Mailing Address

2727 DR. MARTIN LUTHER KING BLVD #800
TAMPA FL 336072727 DR. MARTIN LUTHER KING BLVD #800
TAMPA FL 336073. Date Incorporated or Qualified
10/01/19783a. Date of Last Report
05/01/1996

4. FEI Number

59-1848736

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐

Yes

☐

No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MANISCALCO, BENEDICT S. M.D.
2727 W DR ML KING BLVD
STE 800
TAMPA FL 33607

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME MANISCALCO, BENEDICT S.
STREET ADDRESS 2727 W DR ML KING BLVD
CITY - ST - ZIP TAMPA FL ☐ DELETE1.1 TITLE D
1.2 NAME Sami Elchahal ☐ Change ☒ Addition
1.3 STREET ADDRESS 2727 W DR ML King Blvd
1.4 CITY - ST - ZIP Tampa, FLTITLE S
NAME GLOVER, MATTHEW U.
STREET ADDRESS 2727 W DR ML KING BLVD
CITY - ST - ZIP TAMPA FL ☒ DELETE2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP ☐ Change ☐ AdditionTITLE D
NAME TOOLE, JOHN C.
STREET ADDRESS 2727 W DR ML KING BLVD
CITY - ST - ZIP TAMPA FL ☒ DELETE3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP ☐ Change ☐ AdditionTITLE D
NAME ALAGONA, PETER
STREET ADDRESS 2727 W DR ML KING BLVD
CITY - ST - ZIP TAMPA FL ☐ DELETE4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ DELETE5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ DELETE6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP ☐ Change ☐ Addition

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:

Benedict S. Maniscalco

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/97

Date

Daytime Phone #

0523494

CR2E034 (9/96)