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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 604652

1. Corporation Name

A. Joseph Piccola, D.O., P.A.

FILED May 10, 1999 8:00 am Secretary of State

05-10-1999 90229 027 ***150.00

37259 - 90229 - 27 9 +

Principal Place of Business 14171 Metropolis Avenue	Mailing Address 14171 Metropolis A	venue			
Suite 101	Suite 101				
Fort Myers, FL 33912-4335	Fort Myers, FL 33912-4335		DO NOT WRITE IN THIS SPACE		
			3. Date Incorporated or Qualified 9/6/73		
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For	
1	26		59-1482608	Not Applicable	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional Fee Required	
City & State	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip Country 25	Zip Co	untry	This corporation owes the current year Personal Property Tax.	Intangible ☐No	
9. Name and Address of Curren	t Registered Agent		10. Name and Address of New Register	ed Agent	
Piccola, A. Joseph		81 Name			
14171 Metropolis Avenue Suite 101		82 Street Addre	ess (P.O. Box Number is Not Acceptable)		
Fort Myers, FL 33912		83			
		84 City	F	85 Zip Code	
 Pursuant to the provisions of Sections 607.050; office or registered agent, or both, in the State agent. I am familiar with, and accept the obligat 	of Florida. Such change was authorize	ed by the corporation	pration submits this statement for the purpose n's board of directors. I hereby accept the app	of changing its registered pointment as registered	

l agent. I a	im familiar with, and accept the obligations of, Section 607.0505, Flori	da Statutes.			
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable. (NOTE:	Registered Agent signature requi	red when reinstating)	DATE	
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO C		RS IN 12
TITLE	President/Secretary/Treasurer DELETE	1.1 TITLE		☐ Change	Addition
NAME	Piccola, A. Joseph	12 NAME			
STREET ADDRESS	14171 M-L13- A C4- 101	1.3 STREET ADDRESS			
CITY-ST-ZIP	Fort Myers, FL 33912	14 CITY-ST-ZIP			
TITLE	☐ DELETE	2.1 TITLE		☐ Change	Addition
NAME		2.2 NAME			
STREET ADDRESS		2.3 STREET ADDRESS			
CITY-ST-ZIP		-2.4 CITY-ST-ZIP			
TITLE	☐ DELETE	3 1 TITLE		☐ Change	☐ Addition
NAME		32 NAME			
STREET ADDRESS		3.3 STREET ADDRESS			
CITY-ST-ZIP		3.4. CITY-ST-ZIP			
TITLE	☐ DELETE	4.1 TITLE		☐ Change	Addition
NAME		4. 2 NAME			
STREET ADDRESS		4.3 STREET ADDRESS			
CITY-ST-ZIP		4.4 CITY-ST-ZIP			
TITLE	☐ DELETE	51 TITLE		☐ Change	☐ Addition
NAME	,	5.2 NAME			
STREET ADDRESS		5.3 STREET ADDRESS			
CITY-ST-ZIP		5.4 CITY-ST-ZIP			
TITLE	☐ DELETE	6.1 TITLE		☐ Change	☐ Addition
NAME		6.2 NAME			
STREET ADDRESS	()	63 STREET ADDRESS			
CITY, ST. 7IP	[6.4 CITY-ST-ZIP			

14. I hereby certify that the information supplied with this filling 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 suppliemental annual report is the 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 of trustee of powered 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 an an attachment with an address, with all other life empowered.

SIGNATURE: >

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