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

**PROFIT CORPORATION** ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 650306

JOSE M. BERIO, JR., M.D., P.A.

(4)

**FILED** Jan 31 1997 8:00am Secretary of State

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					\$   <b>6</b>      <b>       </b>	

Principal Plac	e of Business	Mailing Address		······································	- I NE BING BINGS BINGS BINGS GRAND GRAND BINGS BIDGS BIDGS BIDGS DIGIS DIDIS DIDIS BIDGS BIDGS DIDIS DIDIS DIDIS				
1515 S.OSPREY SARASOTA FL		1515 S.OSPREY AVE. SARASOTA FL 34239-2839							
					3. Date incorporated or Qualified 01/07/1980	3a. Date 03/11/		eport	
2. Principal P	Place of Business	2a. Mailing Address 26			4, FEI Number 59-1958819	Applied For Not Applicable			
Suite, Apt.	#, etc	Suite, Apt #, etc.			5 Cartificate of Status Desired   \$8.			.75 Additional	
City & Stat	le	City & State			6. Election Campaign Financing \$5.00 May Trust Fund Contribution Added to Fe				
Zip	Gountry 25	Zip 29	Country 30		8. This corporation has liability for in	ntangible ta	x under s		
<del>                                     </del>	9. Name and Address of Curre		133		10. Name and Address of New Reg	Istered Ag	ent		
	IO, JOSE M., M.D.		81	Name					
	5 S.OSPREY AVE. ASOTA FL 33579		82	Street Add	ress (P.O. Box Number is Not Acceptable	e)			
			83						
			84	City		FL	<b>85</b> Zip •	Code	
office or r agent. Fa	to the provisions of Sections 607.056 registered agent, or both, in the State am familiar with, and accept the oblig	e of Florida. Such change was a	authorized by	the corpora	poration submits this statement for the pi tion's board of directors. I hereby accep	rpose of ch t the appoin	hanging it ntment as	s registered registered	
SIGNATURE	Signature, typod or printed name of requite od ag	ent and top if applicable (NOT)	E: Registered Age	nt signature requi	ired when reinstaling)	DATE			
12.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE				
TITLE	DP	☐ DELETE	1.1 TITLE				Change	Addition	
NAME	BERIO, JOSE M		1.2 NAME						
STREET ADDRESS	1344 HARBOR DR.		1.3 STREET	ADDRESS					
CITY-ST-ZIP	SARASOTA FL		1.4 CITY - S	T- ZIP					
TITLE		☐ DELETE	2.1 TITLE			T.	Change	Addition	
NAME			2.2 NAME						
STREET ADORESS			2.3 STREET	ADDRESS					
CITY-ST-ZIP			2. 4 CITY - S	ST-ZIP					
TITLE		DELETE	3.1 TITLE			L.	Change	Addition	
NAME			3.2 NAME						
STREET ADORESS			3.3 STREET	ADDRESS	•				
CITY-ST-ZIP			3.4. CITY-5	T-ZIP					
TITLE		DELETE	4.1 TITLE				Change	Addition	
NAME	[		4. 2 NAME						
STREET ADORESS	[		4.3 STREET	ADDRESS					
CITY-ST-2IP			4.4 CITY - S	T- ZIP					
TITLE		DELETE	5.1 TITLE			Г	Change	Addition	
NAME			5.2 NAME				-		
STREET ADDRESS	į į		5.3 SYREET	ADDRESS					
CITY-ST-ZIP			5.4 CITY - S	1					
TITLE		☐ DELETE	6.1 TITLE	1-41		— Г	Change	Addition	
NAME			6.2 NAME			•	er er-wriger	bood - 100 ((OI)	
PARME CENSET APPRICE				ADDDCCC					

6.4 CITY - ST - ZIP 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:

CITY-ST-ZIP

941-366-6775