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

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

5729 WEST SHORE DRIVE



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 680599

(8)

Mailing Address

5729 WEST SHORE DRIVE

ANTHONY R. COSTARELLA, M.D., P.A.

FILED
Jan 14 1997 8:00am
Secretary of State



NEW PORT RIC	HEY FL 34652	NEW PORT RICHET FL	34652-3036					
					3. Date Incorporated or Qualified 07/23/1980		te of Last F 4/1996	Report
2. Principaí P 21	lace of Business	2a. Mailing Address 26			4. FEI Number 59-2012779		—	pplied For ot Applicable
Suite, Apt	#, etc.	Suite, Apt #, etc.			5. Certificate of Status Desired		\$8.75	Additional equired
City & Stat	e	City & State			Election Campaign Financing Trust Fund Contribution	П	\$5.00	May Be
Zip	Country	Zip	Cou	ntry	8. This corporation has liability for it			
24	25	29	30	-		Yes [,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	g, Name and Address of Curren	t Registered Agent			10. Name and Address of New Reg	lstered /	lgent	
COS	STARELLA, ANTHONY R.			81 Name				
	9 WEST SHORE DRIVE			82 Street Add	Iress (P.O. Box Number is Not Acceptab	le)		•=
NEW	V PORT RICHEY FL 34652							
				83				
				84 City		FL	85 Zip	Code
11 Pursuant	to the provisions of Sections 607 050	2 and 607 1508. Florida Sta	tutes, the a	pove-named cor	poration submits this statement for the p	iroose of	changing i	its registered
office or r agent 1 a	registered agent, or both, in the State im familiar with, and accept the obliga	of Florida. Such change wa ations of, Section 607.0505,	is authorize Florida Stat	d by the corpora utes	ation's board of directors. I hereby accep	t the app	ointment as	s registered
SIGNATURE	Signar de 15 peut ou printed name or regetarent age	ot and thout and table (N	OTE: Barustere	Agent signature requ	ired when reinstation)	DATE	····	
12.	OFFICERS AN		13.	rigoti orginale o	ADDITIONS/CHANGES TO OFFIC		DIRECTO	RS IN 12
TRLE	PT	DELETE	1.1 (1)	'LE			Change	Addition
NAME	COSTARELLA, ANTHONY R.		1.2 N	JME .				
STREET ADDRESS	5729 WEST SHORE DRIVE		135	REET ADDRESS				
CITY-ST-ZIP	NEW PORT RICHEY FL		14 C	TY-ST-ZIP				
TITLE	VD	DELETE	2 1 Ti				Change	Additio
NAME	COSTARELLA, MILDRED E.		2 2 N	ME		1.2		
STREET ADDRESS	5729 WEST SHORE DRIVE		2.3 \$	REET ADDRESS				
CITY - ST - ZIP	NEW PORT RICHEY FL		2.40	ITY - ST - ZIP				
TITLE	S	DELETE	3.1 1	LE			Change	Addition
NAME	COSTARELLA, ELIZABETH A.		3.2 N	ME.				
STREET ADDRESS	5729 WEST SHORE DRIVE		3.3 \$	REET ADDRESS				
CITY-ST-ZIP	NEW PORT RICHEY FL		3.4. 0	ITY-ST-ZIP				
TITLE		☐ DFLETE	4.1 TI	ILE			☐ Change	Addition
NAME			4. 2 N	AME .				
STREET ADDRESS			4.3 S	REET ADDRESS				
CITY-ST-ZIF			4.4 C	TY-ST-ZIP				
TATLE		DELETE	5.1 1	1			☐ Change	Addition
NAME			5.2 N	NME				
STREET ADDRESS			5.3 S	REET ADDRESS				
CITY-ST-ZIP		····		TY-ST-ZIP				
TITLE		☐ DELETE	6.1 Ti	TLE			Change	Additio
NAMÉ			6.2 N	AME				
STREET ADDRESS			638	REET ADDRESS				
CHTY - ST - ZIP	ĺ		6.4 C	TY-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

Mildle E. Cottarello V D

MILDRED E. COSTARELLA 813-842-9964