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Feb 25 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 688489

(4)

1. Corporation Name  
HORACIO J. ARGELES, M.D., P.A.



Principal Place of Business Mailing Address  
201 4TH AVE. E., STE. 1 201 4TH AVE. E., STE. 1  
BRADENTON FL 34208 BRADENTON FL 34208-1005

3. Date Incorporated or Qualified 09/22/1980  
3a. Date of Last Report 04/23/1996

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  
4. FEI Number 59-2031765 Applied For Not Applicable  
5. Certificate of Status Desired \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent  
ARGELES, HORACIO J., MD  
5216 SNEADS ISLE ROAD  
PALMETTO 34221  
10. Name and Address of New Registered Agent  
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 ARGELES, HORACIO J., MD DELETE  
NAME ARGELES, HORACIO J., MD  
STREET ADDRESS 5216 SNEADS ISL.RD.  
CITY - ST - ZIP PALMETTO FL  
TITLE ST ARGELES, HORACIO J., MD DELETE  
NAME ARGELES, HORACIO J., MD  
STREET ADDRESS 5216 SNEADS ISL.RD.  
CITY - ST - ZIP PALMETTO FL  
TITLE DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
TITLE DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
TITLE DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
TITLE DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
1.1 TITLE Change Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP  
2.1 TITLE Change Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP  
3.1 TITLE Change Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP  
4.1 TITLE Change Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP  
5.1 TITLE Change Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP  
6.1 TITLE Change Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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 in an attachment with an address.

SIGNATURE: X [Signature] Resident 2/24/97 (941) 747 8818  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)