

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 691839 (5)

1. Corporation Name

JOHN A. GIGLIO, D.O., P.A.



Principal Place of Business

C/O JOHN A. GIGLIO
7720 WASHINGTON ST. STE 104
PORT RICHEY FL 34668
US

Mailing Address

C/O JOHN A. GIGLIO
7720 WASHINGTON ST. STE 104
PORT RICHEY FL 34668
US

3. Date Incorporated or Qualified
07/01/1981

3a. Date of Last Report
01/27/1995

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GIGLIO, JOHN A.
7720 WASHINGTON STREET
STE 104
PORT RICHEY FL 34668

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 Sections 607.0505, Florida Statutes.

SIGNATURE

John A. Giglio

JOHN A. GIGLIO

02/07/96

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
DP	GIGLIO, JOHN A.	7720 WASHINGTON ST	PORT RICHEY FL	☐
				☐
				☐
				☐
				☐
				☐
				☐
				☐
				☐

13.

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	1.5 TITLE	1.6 NAME	1.7 STREET ADDRESS	1.8 CITY-ST-ZIP	1.9 TITLE	1.10 NAME	1.11 STREET ADDRESS	1.12 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k) 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:

John A. Giglio
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN A. GIGLIO

02/07/96 (813) 848-5518

CR2E034 (12/95)