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**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 691839

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

(5)

## **FILED** Feb 06 1997 8:00am Secretary of State



| Principal Place of Business  C/O JOHN A GIGLIO  7720 WASHINGTON ST. STE 104  PORT RICHEY FL 34688 |  | Mailing Address   | Mailing Address |                 |                | n immile arista sasas isaati lähen riissa satii didasi araki bekis gsatis arkii bidiis ibas |             |                               |                       |
|---|--|---|-----------------|-----------------|----------------|---|-------------|-------------------------------|-----------------------|
|   |  | C/O JOHN A. GIGLIO<br>7720 WASHINGTON ST. STE 104<br>PORT RICHEY FL. 34688-6541 |                 |                 |                |   |             |                               |                       |
| US  |  | US  |                 |                 |                | 3. Date Incorporated or Qualified 07/01/1981  |             | e of Last P<br>3 <b>/1996</b> | leport                |
|   | Place of Business                              | 2a, Mailing Address   |                 |                 |                | 4. FEI Number   |             |                               | oplied For            |
| 21  |  | [26]  |                 |                 |                | 59-1996854  |             | <del></del>                   | ot Applicable         |
| Suite, Apt  | 年, elc   | Suite. Apt. #, etc.   |                 |                 |                | 5. Certificate of Status Desired  |             |                               | Additional<br>equired |
| City & Sta  | te   | City & State  |                 |                 |                | 6. Election Campaign Financing  |             | \$5.00                        | May Be                |
| 23  |  | 28  |                 |                 |                | Trust Fund Contribution   |             | Added                         | to Fees               |
| Ζφ  | Country  | Zip   |                 | untry           |                | 8. This corporation has liability for   |             |                               | . 199.032,            |
| 24  | 25  <br>9. Name and Address of Curr            | 29  | 30              | ·               |                | Florida Statutes  10. Name and Address of New Re  | Yes [       |                               |                       |
|   |  | ent Hagistereo Agent  |                 | 81 N            | ame            | 10. Name and Address of New Re  | gistered A  | Belk                          |                       |
|   | LIO, JOHN A.                                   |   |                 |                 |                |   |             |                               |                       |
|   | 0 WASHINGTON STREET                            |   |                 | <b>82</b> St    | reet Addr      | ess (P.O. Box Number is Not Acceptat  | ole)        |                               |                       |
|   | : 104<br>RT RICHEY FL 34668                    |   |                 | 83              | <del></del>    |   |             | <del></del>                   |                       |
| PUF   | 11 NICHET PL 34000                             |   |                 |                 |                |   |             |                               |                       |
|   |  |   |                 | 84 C            | ty             |   | FL          | 85 Zip                        | Code                  |
| 44 Pureuani   | to the provisions of Sections 607.0            | 1502 and 607 1508. Florida St   | atutes the s    | hove-na         | med corn       | poration submits this statement for the p   |             | rhanging i                    | te registered         |
| office or   | registered agent, or both, in the Sta          | ate of Florida. Such change w   | as authorize    | ed by the       | corporat       | tion's board of directors. I hereby accept  | ot the appo | intment as                    | registered            |
| 1   | am tamiliar with, and accept the ob-           | ligations of, Section 607.0505  | , Florida Sia   | atutes.         |                |   |             |                               |                       |
| SIGNATURE   | Signature, typed or printed name of registered | areni and title if anolicable   | NOTE: Repister  | ed Agent sic    | nature zecuri  | red when reinstating)   | DATE        |                               |                       |
| 12.   |  | AND DIRECTORS   | 13.             |                 | - Albib ib qui | ADDITIONS/CHANGES TO OFFIC  |             | DIRECTOR                      | RS IN 12              |
| TITLE   | DP   | DELETE  |                 | TITLE           |                |   |             | Change                        | Addition              |
| NAME  | GIGLIO, JOHN A.                                |   | 1.21            | NAME            |                |   |             |                               |                       |
| STREET ADDRESS  | TARA INI ALIMIATAN AT                          |   | 1.3 \$          | STREET ADDI     | RESS           |   |             |                               |                       |
| CITY - ST - ZIP   | PORT RICHEY FL                                 |   | 1.4 (           | CITY-SY-ZIF     | , ]            |   |             |                               |                       |
| TITLE   |  | DELETE  | 2.1 7           | TITLE           |                |   |             | Change                        | Addition              |
| NAME  |  |   | 2.21            | NAME            |                |   |             |                               |                       |
| STREET ADDRESS  |  |   | 2.3 5           | STREET ADD      | RESS           | •   |             |                               |                       |
| CITY-ST-ZIP   |  |   | 2. 4            | CITY-ST-ZI      | Ρ              |   |             |                               |                       |
| TITLE   |  | ☐ DELETE  | 3.17            | TITLE           |                | <del></del>   |             | Change                        | Addition              |
| NAME  |  |   | 3.21            | NAME            | Ì              |   |             |                               |                       |
| STREE1 ADDRESS  |  |   | 335             | STREET ADD      | RESS           |   |             |                               |                       |
| CITY - ST - ZIP   |  |   | 34.             | CITY-ST-ZI      | þ              |   |             |                               |                       |
| TITLE   |  | ☐ DELETE  | 4.1             | TITLE           |                |   |             | Change                        | Addition              |
| NAME  |  |   | 4.2             | NAME            | ļ              |   | -           |                               |                       |
| STREET ADDRESS  |  |   | 4.3 3           | STREET ADD      | RESS           |   |             |                               |                       |
| CITY-ST-ZIP   |  |   | 4.4 (           | CITY - ST - ZIF | ·              |   |             |                               |                       |
| TITLE   |  | DELETÉ  | 5.1             | TITLE           |                |   | ŀ           | Change                        | Addition              |
| NAME  |  |   | 5.2 }           | NAME            |                |   |             |                               |                       |
| STREET ADDRESS  |  |   | 5.3             | STREET ADD      | RESS           |   |             |                               |                       |
| CITY-ST-ZIP   |  |   | 5.41            | CITY-ST-ZIF     |                |   |             |                               |                       |
| TITLE   |  | DELETE  | 6.1             | TITLE           |                |   |             | Change                        | Addition              |
| NAME  |  |   | 6.2             | NAME            | ì              |   |             |                               |                       |
| STREET ADDRESS  |  |   | 6.3             | STREET ADD      | ress           |   |             |                               |                       |
| CITY - ST - ZIP   |  |   |                 | CITY-ST-ZII     |                |   |             |                               |                       |
| ## Lafe being   | shu earlify that the information europ         | alord with this blind door not o  | malifu for the  | A AVAMA         | ion etated     | d in Section 110 07/3Vi) Florida Statute  | e   further | nartify that                  | tha                   |

recommendation in the commencer supplied with this thing 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 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 of the receiver or fusites 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 appears in the supplied of the supp

SIGNATURE: