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

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Prace of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 697061

(0)

Mailing Address

RICHARD J. CAMPANILE, D.O., P.A.

FILED								
Jan 16 1997 8:00am								
Secretary of State								

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5290 SEMINOLE BLVD SUITE A ST PETERSBURG FL 33708			5290 SEMINOLE BLVD SUITE A ST PETERSBURG FL 33708-3395						
						3. Date Incorporated or Qualified 08/01/1981	3a. Date of 02/21/1		port
2. Principal F	Place of Business	2a. Mailing /	Address			4. FEI Number		Apr	plied For
21		26				59-2111698		 	Applicable
Suite, Apt.	# etc	Suite, Ar	ot. #, etc.			5. Certificate of Status Desired	1 1 '	8.75 A	
City & Stat	te	Crty & St 28	ale			Election Campaign Financing Trust Fund Contribution		5.00 N Added to	
Zφ	Country	Zip	C	ountry		8. This corporation has liability for in	ntangible tax t	under s.	199.032,
24	25	29	30				Yes 📝 No		
	9. Name and Address of Cu	rrent Registered Age	ent			10. Name and Address of New Reg	istered Ager	ıt	
CAM	IPANILE, RICHARD J.			81	Name				
	SEMINOLE BLVD			82	Street Add	ress (P.O. Box Number is Not Acceptab	le)		
ST.	PETERSBURG FL 33708			83		***************************************			
				84	City		Tar	-T 7:0 C	
					City		FL 65	1	
11. Pursuarit office or i	to the provisions of Sections 607 registered agent, or both, in the S	0502 and 607,1508, l state of Florida, Such o	lorida Statutes, the hange was authorize	above zed by	-named corp	poration submits this statement for the pition's board of directors. I hereby accep	urpose of cha	nging its	registered registered
agent ha	am compar with and accept the c	gations of, Section	607.0505. Florida Si	tatutes		- '		2-7	
SIGNATURE	Sign faire typed or profess raine of register-	carpa		<u> </u>		red when reinstaling)	11817		
12.		AND DIRECTORS	(NCM: Registe		nt signature requ	ADDITIONS/CHANGES TO OFFICE	FRS AND DIE	ECTOR!	S IN 12
TITLE	DP			HILE				Change	Addition
NAME	CAMPANILE, RICHARD J		1.2	NAME					
STREET ADDRESS	5290 SEMINOLE BLVD STE	Α	1.3	STREET	ADDRESS				
CHTY-ST-ZIP	ST PETERSBURG FL			CITY-S	- ZIP				
T TLE			DELETE 21	TITLE				Change	Addition Addition
NAME			2.2	NAME	1				
STREET ADDRESS			23	STREET	ADDRESS :				
CITY-S1-7:P				4 CITY - S	T-ZIP				
TITLE		L	DELETE 3.1	TITLE			Ц,	Change	Addition
NAME			3 2	NAME					
STREET ADDRESS			3.3	STREET	ADDRESS				
CITY-ST-ZIF		·····		I. CITY-S	T · ZIP		· F=1	01	1 4
TITLE		L		TITLE			L.J (Change	Addition
NAME				2 NAME					
STREET ADDRESS					ADDRESS				
CHY-S1-7IP				CITY-S	- IIP			Chance	Addition
TILE		Ĺ.		TITLE			البا	Change	☐ Addition
NAME Placet Androi oc				NAME	ADDRESS				
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP TITLE				CITY-S	-715			Change	Addition
NAME		<u>L</u>		NAME			, ت	2.m.g0	المساود ، ب
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP				i SINEET I CITY-S					
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14. I do hereby certily 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 2005 R 3 if changed or on an attachment with an address.

SIGNATURE:

ATURE AND TYPED OR PHIN LED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/97 (813)392-1245