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 # **F51616** **(3)** changed 2/12/96

1. Corporation Name

BELCASTRO, ~~CARRASQUILLO~~ & KILFOYLE, M.D., P.A.

BELCASTRO & KILFOYLE, M.D., P.A.

Principal Place of Business

708 DEL PRADO BLVD., SUITE 2
CAPE CORAL FL 33990

Mailing Address

708 DEL PRADO BLVD., SUITE 2
CAPE CORAL FL 33990

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 | County 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 | County 30

3. Date Incorporated or Qualified: **10/28/1981**

3a. Date of Last Report: **04/26/1995**

4. FEI Number: **59-2122104** ☐ 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 is subject to filing for intangible tax under s. 199.032 Florida Statutes. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

CARRASQUILLO, THOMAS
708 DEL PRADO BLVD.
CAPE CORAL FL 33904

10. Name and Address of New Registered Agent

81 Name: VINCENT J. BELCASTRO
82 Street Address (P.O. Box Number is Not Acceptable): 708 Del Prado Blvd.; Suite 2
83
84 City: Cape Coral | FL | 85 Zip Code: 33990

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: Vincent J. Belcastro ✓ Vincent J. Belcastro 3/21/96 (Date)

12. OFFICERS AND DIRECTORS

TITLE	STD	☒ DELETE
NAME	CARRASQUILLO, THOMAS	
STREET ADDRESS	708 DEL PRADO BLVD	
CITY-ST-ZIP	CAPE CORAL, FL 0	
TITLE	PD	☐ DELETE
NAME	BELCASTRO, VINCENT J	
STREET ADDRESS	708 DEL PRADO BLVD	
CITY-ST-ZIP	CAPE CORAL, FL 0	
TITLE	VD	☐ DELETE
NAME	KILFOYLE, RICHARD G.	
STREET ADDRESS	708 DEL PRADO BLVD, S-2	
CITY-ST-ZIP	CAPE CORAL 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		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TITLE		☐ Change ☐ Addition
2 NAME		
3 STREET ADDRESS		
4 CITY-ST-ZIP		
5 TITLE		☐ Change ☐ Addition
6 NAME		
7 STREET ADDRESS		
8 CITY-ST-ZIP		
9 TITLE		☐ Change ☐ Addition
10 NAME		
11 STREET ADDRESS		
12 CITY-ST-ZIP		
13 TITLE		☐ Change ☐ Addition
14 NAME		
15 STREET ADDRESS		
16 CITY-ST-ZIP		
17 TITLE		☐ Change ☐ Addition
18 NAME		
19 STREET ADDRESS		
20 CITY-ST-ZIP		
21 TITLE		☐ Change ☐ Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this report is true, complete 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, added or deleted.

SIGNATURE: Vincent J. Belcastro ✓ Vincent J. Belcastro 3/12/96 941-574-7454

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)