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 # **F53395** **(2)**

1. Corporation Name

ALEJANDRO M. PIZARRO, M.D., P.A.

Principal Place of Business	Mailing Address
2885 TAMIAMI TRAIL PORT CHARLOTTE FL 33952	2885 TAMIAMI TRAIL PORT CHARLOTTE FL 33952

2. Principal Place of Business	2a. Mailing Address
21	26 1247 Odyssey Ct.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 Port Charlotte, FL
City & State 23	City & State 28
Zip 24 Country 25	Zip 29 33983 Country 30

3. Date Incorporated or Qualified: 11/12/1981
3a. Date of Last Report: 05/01/1995
4. FEI Number: 59-2155376 ☐ 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

PIZARRO ALEJANDRO M.
2400 HARBOR BLVD.,#2
PORT CHARLOTTE FL 33949

10. Name and Address of New Registered Agent

81 Name: PIZARRO, ALEJANDRO M.
82 Street Address (P.O. Box Number is Not Acceptable): 1247 ODYSSEY COURT
83
84 City: PUNTA GORDA FL 85 Zip Code: 33983

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] ALEJANDRO PIZARRO 5-1-96
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 ☐ DELETE	1.1 TITLE	☒ Change ☐ Addition
NAME	PIZARRO, ALEJANDRO M.	1.2 NAME	
STREET ADDRESS	2885 TAMIAMI TR	1.3 STREET ADDRESS	1247 ODYSSEY COURT
CITY-ST-ZIP	PORT CHARLOTTE FL	1.4 CITY-ST-ZIP	PUNTA GORDA, FL 33983
TITLE	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 on an attachment with an address.

SIGNATURE: [signature] 5-1-96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)