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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #

1. Corporation Name F60777

ROBERT F. DE LUCA, M.D., P.A.

Principal Place o	of Business	Mailing /	Address							
3133 PONCE DE LEON BLVD. CORAL GABLES FL 33134 3133 PONCE DE LEO CORAL GABLES FL 33134 CORAL GABLES FL 33134										
							 Date incorporated or Qualified 12/31/1981 		ite of Last R 06/20/199	
2. Principal Plac	ce of Business	2a. Maile 26	ng Address				4. FEI Number 59-2151675			Applied For Not Applicable
Suite, Apt. #	, etc.	Suite 27	e, Apt. #, etc.				5. Certificate of Status Desired			Additional Required
Orty & State		City 28	& State				Election Campaign Financing Trust Fund Contribution		Adde	O May Be d to Fees
Zφ 24	Country 25	Zip 29	30				This corporation has liability for intangible tax under s 199.032, Florida Statutes			
	Name and Address of Cu	rrent Registered	Agent				10. Name and Address of New	Registere	d Agent	
					81	Name				
	, robert f m.d. NCE deleon blvd.				82	Street Add	ess (P.O. Box Number is Not Acceptable)			
CORAL G	GABLES FL 33134				83					
					84	City		F	L 85 Z	p Code
or registere familiar with	ed agent, or both, in the State of I n, and accept the obligations of, I	Florida, Such char Section 607,0505	nge was authorize , Florida Statutes	ed by the d	corp	oration's boa	ration submits this statement for the p ard of directors. I hereby accept the ap	pointment	as registered	d agent. I am
	Blg. in the typic or printed name of registered	agent and title if approach	ple (NO		Ajje	it signature require	ad when reinstating) ADDITIONS/CHANGES TO OF	DATE	UD DIDECTO	DRS IN 12
12.	PVT	AND DIRECTOR	S DELETE	13. 1 1 T	ITLE		ADDITIONS/CHANGES TO OF	TIOENS A	Change	Addition
THUE	DE LUCA, ROBERT F MD	1	<u> Биси</u>	12 N						
STREET ADDRESS	3133 PONCE DE LEON B					ADDRESS				
DITY ST 2IP	CORAL GABLES FL					ST - ZIP				
101/5			DELETE	2 1 1					☐ Change	Addition
NAME				2 2 N	AME					
STREET ADDRESS				235	TREET	ADDRESS				
CIY ST Z-P				240	ITY-S	ST-ZIP				
TIFLE			DELETE	3 1 1					Change	☐ Addition
NAME				32 N						
SUPER ACCURESS						1 ADDRESS				
	 		DELETE	4 1 1		ST-ZIP			[7] Change	Addition
ndet Nami			beer in	42 N		- 1				
STREET ADDRESS						F ADDRESS				
City-St Zit						ST-ZIP				
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N4ME	!			52 N	IAME					
STREET ACCORESS				538	IREE	T ADDRESS				
CHY-SI-7P				540	ITY-	ST-ZIF				
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NAM:					AME					
STREET ADDRESS						1 ADDRESS				
COLY ST ZIP	l	1 - 0 - 21 - 0 - 20	in	640	HTY-	SI-7IP	for the exemption stated in Section 1	10 07/31/61	Florida State	utes I further
14 Lobo bereb	iv centry that the information succ	alled with this filind	i is voluntarily furi	iisned and	uo:	ss not quaity	TOT THE EXEMPLION STATEON IN SECTION 1	10.01(O/(N),	, iorida diali	2003. 1 TOTUTO

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.

| GNATURE: | SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: _ 🗸