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PROFIT CORPORATION
ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # G68676

1. Corporation Name

HENRY J. SACERIO, M.D., P.A.

Principal Place of Business

1443 SAN MARCO BLVD.
1ST FLOOR
JACKSONVILLE FL 32207

Mailing Address

1443 SAN MARCO BLVD.
1ST FLOOR
JACKSONVILLE FL 32207

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		11/10/1983	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-2354537	
24 Country		29 Country		Applied For	
25		30		Not Applicable	
9. Name and Address of Current Registered Agent				18. Name and Address of New Registered Agent	
SACERIO, HENRY J., M.D. 1443 SAN MARCO BLVD. 1ST FLOOR JACKSONVILLE FL 32207				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	
				FL 85 Zip Code	

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	☐ Change ☐ Addition
NAME	SACERIO, HENRY J., M.D.	1.2 NAME	
STREET ADDRESS	1443 SAN MARCO BLVD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32207	1.4 CITY-ST-ZIP	
TITLE	VTD	2.1 TITLE	☐ Change ☐ Addition
NAME	GEORGE SACERIO,	2.2 NAME	
STREET ADDRESS	1443 SAN MARCO BLVD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32207	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		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 hereby certify 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 Block 13 if changed, or as an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/06/99

904-396-1960

SP