

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # G883338 (0)

1. Corporation Name

PETER F. SANSONE, M.D., P.A.



Principal Place of Business
1530
4520 LEE BLVD
LEHIGH ACRES FL 33936

Mailing Address
1530 LEE BLVD
SUITE 1100
LEHIGH ACRES FL 33936
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

SANSONE, PETER F., M.D.
1530 4520 LEE BLVD. Suite 1100
LEHIGH ACRES FL 33936

3. Date Incorporated or Qualified
02/29/1984

3a. Date of Last Report
04/24/1995

4. FEI Number
59-2375916

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

10. Name and Address of New Registered Agent

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 required on printed name of registered agent and if applicable)

(Printed Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

1. TITLE PD
2. NAME SANSONE, PETER F., M.D.
3. STREET ADDRESS 4520 LEE BLVD. 1530 Lee Blvd Suite 1100
4. CITY-STATE-ZIP LEHIGH ACRES FL
5. TITLE
6. NAME
7. STREET ADDRESS
8. CITY-STATE-ZIP
9. TITLE
10. NAME
11. STREET ADDRESS
12. CITY-STATE-ZIP
13. TITLE
14. NAME
15. STREET ADDRESS
16. CITY-STATE-ZIP
17. TITLE
18. NAME
19. STREET ADDRESS
20. CITY-STATE-ZIP
21. TITLE
22. NAME
23. STREET ADDRESS
24. CITY-STATE-ZIP
25. TITLE
26. NAME
27. STREET ADDRESS
28. CITY-STATE-ZIP
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91. STREET ADDRESS
92. CITY-STATE-ZIP
93. TITLE
94. NAME
95. STREET ADDRESS
96. CITY-STATE-ZIP
97. TITLE
98. NAME
99. STREET ADDRESS
100. CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. 1. TITLE ☐ Change ☐ Addition
2. 2. NAME
3. 3. STREET ADDRESS
4. 4. CITY-STATE-ZIP ☐ Change ☐ Addition
5. 5. TITLE
6. 6. NAME
7. 7. STREET ADDRESS
8. 8. CITY-STATE-ZIP ☐ Change ☐ Addition
9. 9. TITLE
10. 10. NAME
11. 11. STREET ADDRESS
12. 12. CITY-STATE-ZIP ☐ Change ☐ Addition
13. 13. TITLE
14. 14. NAME
15. 15. STREET ADDRESS
16. 16. CITY-STATE-ZIP ☐ Change ☐ Addition
17. 17. TITLE
18. 18. NAME
19. 19. STREET ADDRESS
20. 20. CITY-STATE-ZIP ☐ Change ☐ Addition
21. 21. TITLE
22. 22. NAME
23. 23. STREET ADDRESS
24. 24. CITY-STATE-ZIP ☐ Change ☐ Addition
25. 25. TITLE
26. 26. NAME
27. 27. STREET ADDRESS
28. 28. CITY-STATE-ZIP ☐ Change ☐ Addition
29. 29. TITLE
30. 30. NAME
31. 31. STREET ADDRESS
32. 32. CITY-STATE-ZIP ☐ Change ☐ Addition
33. 33. TITLE
34. 34. NAME
35. 35. STREET ADDRESS
36. 36. CITY-STATE-ZIP ☐ Change ☐ Addition
37. 37. TITLE
38. 38. NAME
39. 39. STREET ADDRESS
40. 40. CITY-STATE-ZIP ☐ Change ☐ Addition
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79. 79. STREET ADDRESS
80. 80. CITY-STATE-ZIP ☐ Change ☐ Addition
81. 81. TITLE
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83. 83. STREET ADDRESS
84. 84. CITY-STATE-ZIP ☐ Change ☐ Addition
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87. 87. STREET ADDRESS
88. 88. CITY-STATE-ZIP ☐ Change ☐ Addition
89. 89. TITLE
90. 90. NAME
91. 91. STREET ADDRESS
92. 92. CITY-STATE-ZIP ☐ Change ☐ Addition
93. 93. TITLE
94. 94. NAME
95. 95. STREET ADDRESS
96. 96. CITY-STATE-ZIP ☐ Change ☐ Addition
97. 97. TITLE
98. 98. NAME
99. 99. STREET ADDRESS
100. 100. CITY-STATE-ZIP ☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DATE: PHONE #

2-11-96 941-364-3737

CR2E034 (12/95)