FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

14 1026

DOCUMENT # G88338

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

(0)

FILED Jan 24 1997 8:00am Secretary of State

0407069

				<u> </u>
Principal Prace of Business	Mailing Address		מ אפו ועוויו עפאו עסופו ועוועו איידוע אווועאו ו	ilati didil kindi alati alah akki Jahi
1530 LEE BLVD LEHIGH ACRES FL 33936	1530 LEE BLVD SUITE 1100 LEHIGH ACRES FL 33936-	-485 3		
	US		 Date Incorporated or Qualified 02/29/1984 	3a. Date of Last Report 03/17/1996
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21	26		59-2375916	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	City & State		6. Election Campaign Financing	\$5.00 May Be
23	28		Trust Fund Contribution	Added to Fees
Zip Country	Zip	Country	8. This corporation has liability for if	nta gible tax under s. 199.032,
24 25	29	30	Florida Statutes	Yes No
9. Name and Address of Cur	rent Registered Agent		10. Name and Address of New Reg	platered Agent
SANSONE, PETER F., M.D.		81 Name		
1530 1529 LEE BLVD. LEHIGH ACRES FL 33936		82 Street Add	dress (P.O. Box Number is Not Acceptabl	le)
LEHION ACKES IL 33830		83		
		[]		
		84 City		FL 85 Zip Code
11. Pursuant to the provisions of Sections 607.0	0502 and 607 1508. Florida Statu	Ites, the above-named col	rooration submits this statement for the n	
office or registered agent, or both, in the St	ate of Florida. Such change was	authorized by the corpora		
annot I am familiar with and accoul the ob	Niziahane of Saction 607 (1505 E	-larida Statutar		
agent. Lam familiar with, and accept the ob	oligations of, Section 607.0505, F	lorida Statutes.		
agent I am familiar with, and accept the ob- SIGNATURE Signature specific printed range of registered		-Torida Statutes. TE: Registered Agent signature requ	uirad when reinstaling)	DATE
SIGNATURE Signature type-the protect rance of registered. 12. OFFICERS /	Lagent and fille it applicable. (NC AND DIRECTORS		wired when reinstaling) ADDITIONS/CHANGES TO OFFIC	
SIGNATURE Signature types for product range of registers of the product range of registers of registers of the product range	tagent and otheritapplicable. (NO	OTE: Registered Agent signature req		ERS AND DIRECTORS IN 12
SIGNATURE Signature type-1 or pointed regime of regiments 12. OFFICERS A TITLE PD SANSONE, PETER F., M.D.	t agent or diffile if applicable. (NC AND DIRECTORS DELETE	DTE: Registared Agent signature requ		ERS AND DIRECTORS IN 12
SIGNATURE Signature type-1 or protect region of region of a protect region of the protec	t agent or diffile if applicable. (NC AND DIRECTORS DELETE	DTE: Registered Agent signature required. 13. 1.1 TITLE		ERS AND DIRECTORS IN 12
SIGNATURE Signature typest or preted name of regional A 12, OFFICERS A TITLE NAME STREEL ADDRESS CITY: \$1-21P SIGNATURE Signature typest or preted name of regional A SANSONE, PETER F., M.D. 1530 LEE BLVD., SUITE 110 LEHIGH ACRES FL	t agent and title if applicable. (NO AND DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST-ZIP		ERS AND DIRECTORS IN 12 Change Addition
SIGNATURE Signature typestor protect rance of register. 12, OFFICERS A TITLE NAME SANSONE, PETER F., M.D. 1530 LEE BLVD., SUITE 110 LEHIGH ACRES FL	t agent or diffile if applicable. (NC AND DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE		ERS AND DIRECTORS IN 12 Change Addition
SIGNATURE Signature type-the profed rame of regiments. 12. OFFICERS / TITLE NAM: STREELADDRESS CITY-S1-7IP TITLE NAME NAME	t agent and title if applicable. (NO AND DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP 2.1 TITLE 2.2 NAME		ERS AND DIRECTORS IN 12 Change Addition
SIGNATURE 12. OFFICERS A IIILE NAM: STREET ADDRESS CITY: S1- ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS	t agent and title if applicable. (NO AND DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS		ERS AND DIRECTORS IN 12 Change Addition
SIGNATURE 12. OFFICERS / III.E NAM: STREET ADDRESS CITY: S1- ZIP SIGNATURE SANSONE, PETER F., M.D. 1530 LEE BLVD., SUITE 110 LEHIGH ACRES FL SIGNATURE SANSONE, PETER F., M.D. 1540 LEHIGH ACRES FL SANSONE, PETER F., M.D. 1540 LEHIGH ACRES FL S	AND DIRECTORS DELETE DELETE	TE: Registered Agent signature requested. 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		ERS AND DIRECTORS IN 12 Change Addition Change Addition
SIGNATURE Signature type-the pointed ranne of regiments. 12. OFFICERS 2 TITLE NAM: SANSONE, PETER F., M.D. 1530 LEE BLVD., SUITE 110 LEHIGH ACRES FL TITLE NAME SIREET ADDRESS CITY: S1- ZIP TITLE TITLE TITLE TITLE TITLE TITLE	t agent and title if applicable. (NO AND DIRECTORS DELETE	TE: Registered Agent signature required. 13. 1.1 TITLE 12 NAME 13 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE		ERS AND DIRECTORS IN 12 Change Addition Change Addition
SIGNATURE 12. OFFICERS / TITLE NAM: STREET ADDRESS CITY: S1- ZIP SIGNATURE SANSONE, PETER F., M.D. LEHIGH ACRES FL LITTLE NAME SIGNATURE SANSONE, PETER F., M.D. SIGNATURE SANSONE, PETER F., M.D. SANSONE, PETER	AND DIRECTORS DELETE DELETE	TE: Registered Agent signature required. 13. 1.1 TITLE 12 NAME 13 STREET ADDRESS 1.4 CITY - ST - ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP 3.1 TITLE 3.2 NAME		ERS AND DIRECTORS IN 12 Change Addition Change Addition
SIGNATURE 12. OFFICERS 2 IITLE NAME STREEL ADDRESS CITY ST- ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS	AND DIRECTORS DELETE DELETE	TE: Registered Agent signature required. 13. 1.1 TITLE 12 NAME 13 STREET ADDRESS 1.4 DITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS		ERS AND DIRECTORS IN 12 Change Addition Change Addition
SIGNATURE Signature type-the pointed ranne of regional at the property of the pointed ranne of regional at the property of th	AND DIRECTORS DELETE DELETE	TE: Registered Agent signature required. 13. 1.1 TITLE 12 NAME 13 STREET ADDRESS 1.4 CITY - ST - ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP 3.1 TITLE 3.2 NAME		ERS AND DIRECTORS IN 12 Change Addition Change Addition
SIGNATURE Signature type-the pointed traine of regional at the property of the pointed traine of regional at the property of	AND DIRECTORS DELETE DELETE DELETE DELETE	TE: Registered Agent signature required. 13. 1.1 TITLE 12 NAME 13 STREET ADDRESS 1.4 DITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		ERS AND DIRECTORS IN 12 Change Addition Change Addition
SIGNATURE 12. OFFICERS 2 TITLE NAME STREEL ADDRESS CITY - STI- ZIP TITLE NAME STREET ADDRESS CITY - STI- ZIP TITLE TITLE TITLE NAME TITLE	AND DIRECTORS DELETE DELETE DELETE DELETE	TE. Registered Agent signature required. 13. 1.1 TITUE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP 2.1 TITUE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP 3.1 TITUE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP 4.1 TITUE		ERS AND DIRECTORS IN 12 Change Addition Change Addition
SIGNATURE 12. OFFICERS 2 IITLE NAME STREEL ADDRESS CITY ST-ZIP TITLE NAME STREET ADDRESS CITY ST-ZIP TITLE NAME	AND DIRECTORS DELETE DELETE DELETE DELETE	TE. Registered Agent signature required. 13. 1.1 TiTUE 12 NAME 13 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TiTUE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TiTUE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITUE 4.2 NAME		ERS AND DIRECTORS IN 12 Change Addition Change Addition
SIGNATURE 12. OFFICERS 2 TITLE NAME STREEL ADDRESS CITY ST- ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	AND DIRECTORS DELETE DELETE DELETE DELETE	TE. Registered Agent signature required. 13. 1.1 TiTLE 12 NAME 13 STREET ADDRESS 1.4 CITY-ST-ZIP 21 TITLE 22 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS		ERS AND DIRECTORS IN 12 Change Addition Change Addition
SIGNATURE 12. OFFICERS 2 IITLE NAME STREEL ADDRESS CITY ST-ZIP TITLE NAME STREET ADDRESS CITY ST-ZIP	AND DIRECTORS DELETE DELETE DELETE DELETE	TE. Registered Agent signature required. 13. 1.1 TiTLE 12 NAME 13 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TiTLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TiTLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TiTLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		ERS AND DIRECTORS IN 12 Change Addition Change Addition Change Addition
SIGNATURE Signature types the pointed trace of regional at the property of the pointed trace of regional at the property of t	AND DIRECTORS DELETE DELETE DELETE DELETE	TE Registered Agent signature required to the state of th		ERS AND DIRECTORS IN 12 Change Addition Change Addition Change Addition
SIGNATURE Signature type-the pointed ranne of regional at the property of the pointed ranne of regional at the property of th	DELETE DELETE DELETE DELETE DELETE	TE: Registered Agent signature required. 13. 1.1 TITLE 12 NAME 13 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.5 TITLE 5.7 NAME 5.8 STREET ADDRESS 5.4 CITY-ST-ZIP		ERS AND DIRECTORS IN 12 Change Addition Change Addition Change Addition Change Addition
SIGNATURE Signature type-the pointed ranne of regional at the property of the pointed ranne of regional at the property of th	AND DIRECTORS DELETE DELETE DELETE DELETE	TE: Registered Agent signature required. 13. 1.1 TITLE 12 NAME 13 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 4.4 CITY-ST-ZIP 6.1 TITLE		ERS AND DIRECTORS IN 12 Change Addition Change Addition Change Addition
SIGNATURE Signature types for pointed trainer of regiments. 12. OFFICERS 2 TITLE NAME SANSONE, PETER F., M.D. 1530 LEE BLVD., SUITE 110 LEHIGH ACRES FL TITLE NAME STREET ADDRESS CITY: ST- ZIP TITLE NAME	DELETE DELETE DELETE DELETE DELETE	TE: Registered Agent signature required. 13. 1.1 TITLE 12 NAME 13 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 4.4 CITY-ST-ZIP 6.1 TITLE 5.2 NAME		ERS AND DIRECTORS IN 12 Change Addition Change Addition Change Addition Change Addition
SIGNATURE Signature types for pointed trainer of regional at the first part of the product of th	DELETE DELETE DELETE DELETE DELETE	TE: Registered Agent signature required. 13. 1.1 TITLE 12 NAME 13 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 4.4 CITY-ST-ZIP 6.1 TITLE		ERS AND DIRECTORS IN 12 Change Addition Change Addition Change Addition Change Addition