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PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J21530

(7)

Mailing Address

JULIO M. CALDERON M.D., P.A.

FILED Feb 26 1997 8:00am Secretary of State

| 2. Principal Place of Business 26. Mairing Address 4. FET Number 56/27/1986 05/01/1998 | % JULIO M. CA 232 MILAN AVE VENICE FL 3421 | ₩ | % JULIO M. CALDERON. MD 232 MILAN AVE W VENICE FL 34285-2414 | | | | | | | | | |
|--|--|---|---|---|----------------------|---------------------------|-------------------------------|---|---------------------------|------------------------|--------------------------------|--|
| Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Country Added to Fees Zign Country Added to Fees Zign Country Address of Country B. This corporation has liability for juengible tax under s. 199.032, Plorida Statutes Provided Statutes Suite, Apt. #, etc. Country B. Election Cempaign Financing Trust Fund Contribution Added to Fees B. This corporation has liability for juengible tax under s. 199.032, Plorida Statutes Yes No. CALDERON, JULIO M., MD 232 MILAN AVE W VENICE FL 34285 B1 Name B2 Street Address (P.C. Box Number is Not Acceptable) B3 Suite Address (P.C. Box Number is Not Acceptable) B4 City B5 Suite Address (P.C. Box Number is Not Acceptable) B5 Suite Address (P.C. Box Number is Not Acceptable) B6 Suite Address (P.C. Box Number is Not Acceptable) B7 Country B8 Suite Address (P.C. Box Number is Not Acceptable) B7 Country B8 Suite Address (P.C. Box Number is Not Acceptable) B7 Country B8 Suite Address (P.C. Box Number is Not Acceptable) B8 Suite Address (P.C. Box Number is Not Acceptable) B8 Suite Address (P.C. Box Number is Not Acceptable) B8 Suite Address (P.C. Box Number is Not Acceptable) B8 Suite Address (P.C. Box Number is Not Acceptable) B8 Suite Address (P.C. Box Number is Not Acceptable) B8 Suite Address (P.C. Box Number is Not Acceptable) B8 Suite Address (P.C. Box Number is Not Acceptable) B8 Suite Address (P.C. Box Number is Not Acceptable) B8 Suite Address (P.C. Box Number is Not Acceptable) B8 Suite Address (P.C. Box Number is Not Acceptable) B8 Suite Address (P.C. Box Number is Not Acceptable) B8 Suite Address (P.C. Box Number is Not Acceptable) B8 Suite Address (P.C. Box Number is Not Acceptable) B8 Suite Address (P.C. Box Number is Not Acceptable) B8 Suite Address (P.C. Box Number is Not Acceptable) B8 Suite | | | | | | | | 3. Date Incorporated or Qualified 06/27/1986 3a. Date of Last Report 05/01/1996 | | | | |
| Suite, Apt. #, elc. Suite, Apt. #, elc. | 2. Principal Pl | lace of Business | 2a. Mailing Address | failing Address | | | 4. | | | A | pplied For | |
| 27 | 21 | | · | | | | | 36-2955002 | | | | |
| 28 29 29 29 20 20 20 30 20 30 20 30 20 30 20 30 20 30 20 30 3 | | #, elc. | 27 | | | Б. | Certificate of Status Desired | | | | | |
| 9. Name and Address of Current Registered Agent CALDERON, JULIO M., MD 232 MILAN AVE W VENICE FL 34285 82 Street Address (P.O. Box Number is Not Acceptable) 83 Street Address (P.O. Box Number is Not Acceptable) 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 agent and familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature hydro or pointed name of registered agent and produced agent and produced agent and produced agent and produced by the corporation submits this statement for the purpose of changing its registered agent and produce agent and produced agent and produced by the corporation's board of directors. I hereby accept the appointment as registered agent and produce required when reinstating) Determinant with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature hydro or pointed name of registered agent and title if applicable OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. STREET ADDRESS CITY. ST-2P VENICE FL 11. TITLE 12. ACITY ST-2P 11. TITLE 12. ACITY ST-2P 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 22. NAME 23. STREET ADDRESS CITY. ST-2P 22. NAME 23. STREET ADDRESS CITY. ST-2P 24. DIRECTORS 24. DIRY. ST-2P TITLE 15. Change Addition | ····· | | 28 | | | | 6. | , , | | | | |
| CALDERON, JULIO M., MD 232 MILAN AVE W VENICE FL 34285 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 agent and the state of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent and accept the obligations of, Section 607.0505, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent and accept the obligations of, Section 607.0505, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent agent and accept the obligations of, Section 607.0505, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent agent agent and the st applicable. Signature typied or printed name of registered agent and the st applicable. NAME SIREET ADDRESS CITY. ST-2IP 11TLE 1 DELETE 1 TITLE 1 DELETE 1 TITLE 1 Change Addition Addition Change Addition Addition DELETE 3 TITLE 1 Change Addition | | 25 | 29 30 | | | | Florida Statutes 🔀 Yes 🗌 No | | | | | |
| 232 MILAN AVE W VENICE FL 34285 82 Street Address (P.O. Box Number is Not Acceptable) 83 | | | 221 | | 10. | Name and Address of New R | egistered / | gent | | | | |
| VENICE FL 34285 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 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 arminar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature typed or prented name of registered agent and title if applicable OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 11. TITLE OP CALDERON, JULIO M., MD 1.2 NAME STREET ADDRESS CITY-ST-ZIP THE DELETE 1.1 TITLE OCHange Addition Addition NAME STREET ADDRESS CITY-ST-ZIP THILE OCHANGE 2.2 NAME 2.3 STREET ADDRESS CITY-ST-ZIP THILE OCHANGE Addition Addition Addition Addition | | | | | | Name | | | | | İ | |
| 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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TILE DP CALDERON, JULIO M., MD 22 MILAN AVE W VENICE FL 1.3 STREET ADDRESS CITY-ST-ZIP TILE DELETE 2 1 TITLE DELETE 2 3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 3 1 TITLE Change Addition Addition | | | | | | Street Ad | idress (P | P.O. Box Number is Not Accepta | ible} | | | |
| 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 1 am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature typed or profiled name of registered agent and the if applicable (NOTE: Registered Agent algorithms required when reinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DP CALDERON, JULIO M., MD STREET ADDRESS CITY. ST-2IP VENICE FL DELETE 1.4 CITY. ST-2IP TITLE DELETE 2.1 TITLE Change Addition | | | | | 83 | | | | | | | |
| SIGNATURE Signature typed or pented name of registered agent and the if applicable (NOTE: Registered Agent alignature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 THLE DP CALDERON, JULIO M., MD STREET ADDRESS CITY-ST-ZIP TITLE DELETE 1.4 CITY-ST-ZIP TITLE DELETE 2.1 TITLE Change Addition Change Addition Change Addition Change Addition Addition Change Addition Change Addition Change Addition Addition Change Addition Change Addition Change Addition Change Addition Change Addition Change Addition | | | | | | • | | | | | | |
| SIGNATURE Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent algoritative required when reinstating) DATE | 11. Pursuant office or reacht. La | to the provisions of Sections 607.05 egistered agent, or both, in the State m familiar with, and accept the object. | 02 and 607.1508, Florida Statu e of Florida. Such change was pations of Section 607.0505. F | ites, the at authorized lorida Stat | oove d by utes | e-named co the corpor | orporatio ration's b | n submits this statement for the poard of directors. I hereby acce | purpose of opt the app | changing pintment a | its registered s registered | |
| Signature Typed or pentled name of registered agent and the if applicable (NOTE: Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DP | | | | | | • | | | | | | |
| TITLE | SIGNATURE. | Signature. Typed or printed name of registered ag | gent and title if applicable (NO | TE: Registered | Age | nt signature re | quired when | reinstating) | DATE | | | |
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| CITY-SI-7P - 64 CITY-SI-7IP | | | | | | | | | | | | |

14. I do 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 on an attachment with an address.

SIGNATURE:

STONATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

261/97 (94)484-154