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Feb 11, 1999 8:00am  
Secretary of State

02-11-1999 90006 005 \*\*\*\*158.75

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # J74385

1. Corporation Name

NEWPORT AND ALBERTINI, M.D.'S, P.A.

Principal Place of Business

1860 SHARPE LANE  
PALM HARBOR FL 34683

Mailing Address

1860 SHARPE LANE  
PALM HARBOR FL 34683

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/20/1987

4. FEI Number

59-2777199

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 owes the current year Intangible  
Personal Property Tax.

Yes No

9. Name and Address of Current Registered Agent

RODNITE, ANDREW J., JR.  
1150 CLEVELAND STREET  
SUITE 4002  
CLEARWATER FL 34616

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

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

12. TITLE

NAME  
DPS  
NEWPORT, MARY T.  
STREET ADDRESS  
1860 SHARPE LANE  
CITY-ST-ZIP  
PALM HARBOR FL

DELETE

TITLE

NAME  
DT  
NEWPORT, STEVEN  
STREET ADDRESS  
1860 SHARPE LANE  
CITY-ST-ZIP  
PALM HARBOR FL

DELETE

TITLE

NAME  
DVP  
DIAZ-ALBERTINI, ANA M.  
STREET ADDRESS  
2815 FOX SQUIRREL DR.  
CITY-ST-ZIP  
PALM HARBOR FL

DELETE

TITLE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

TITLE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

TITLE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-12-99

727 733-6723

CR2E034 (11/98)