


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

FILED  
Jun 09 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **J81841**

1. Corporation Name

**Campisi & Harold, M.D., P.A.**

Principal Place of Business <b>1405 South Orange Ave Suite 501 Orlando FL 32806</b>	Mailing Address <b>P.O. Box 568511 Orlando FL 32856-8511</b>
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2. Principal Place of Business <b>21 1405 S. Orange Ave S-501</b> Suite, Apt. #, etc. <b>22 Suite 501</b> City & State <b>23 Orlando FL</b> Zip <b>24 32806</b>	2a. Mailing Address <b>26 P.O. Box 568511</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28 Orlando FL</b> Zip <b>29 32856-8511</b> Country <b>30 USA</b>
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3. Date Incorporated or Qualified <b>7/ 1987</b>	3a. Date of Last Report <b>1996</b>
4. FEI Number <b>59-2835302</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**Frank P. Campisi, M.D.  
1405 S. Orange Ave  
Suite 501  
Orlando FL 32806**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
<b>FL</b> 85 Zip Code

11. Pursuant to the provisions of Section 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 fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>President</b>	1.2 NAME	
STREET ADDRESS	<b>Frank P. Campisi, M.D.</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>1405 S. Orange Ave S-501 Orlando FL 32806</b>	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Sec./Tres.</b>	2.2 NAME	
STREET ADDRESS	<b>Lou C. Harold, M.D.</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>1405 S. Orange Ave. S-501 Orlando FL 32806</b>	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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: **Lou C. Harold, M.D.**

*[Signature]* 5/15/97

407/ 422-0210

CR2E034 (9/96)