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

DOCUMENT # J99941

(3)

GABRIEL A. DECANDIDO, M.D., P.A.

	FIL	ED	
Apr 1	7 19	978	:00am
Sec	retar	y of	State



Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Size Size	Applied For Not Applicable. 75 Additional Fee Required 5.00 May Be added to Fees Index s. 199.032
Second S	Applied For Not Applicable 7.75 Additional Fee Required 5.00 May Be added to Fees Index s. 199.032, It
2. Principal Place of Business	Not Applicable 1.75 Additional Fee Required 5.00 May Be added to Fees ander s. 199.032
Suite, Apt #, etc. Suite, Apt #, etc. Suite, Apt #, etc.	5.75 Additional Fee Required 5.00 May Be added to Fees inder s. 199.032.
City & State 28 City & State City & State Registered Agent Trust Fund Contribution Registered Agent Decanding Gabrier De	5.00 May Be Added to Fees Inder s. 199.032
Trust Fund Contribution	added to Fees nder s. 199.032, t
Zip	nder s. 199.032,
9. Name and Address of Current Registered Agent DECANDIRO, GABRIEL 8005 ELMERTON ROAD LARGO FL 34641 82 Street Address (P.O. Box Number is Not Acceptable) 83 City FL 85 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 chan 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 appointm agent I am familiar with, and accept the obligations of, Sections 607.0505, Florida Statutes. SIGNATURE Styrutive, bytent or purker rame of registered agent and life if approache 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 14. City - Registered Agent signature required when rematating) DECANDIDO, GABRIELA 12. NAME DECANDIDO, GABRIELA 13. STREET ADDRESS CITY ST 28 TITLE DELETE 1.1 TITLE 1.2 NAME 1.2 NAME 2.2 NAME 2.2 NAME LACITY - ST - ZiP TITLE 1.3 STREET ADDRESS CHY - ST - ZiP TITLE 1.4 CITY - ST - ZiP TITLE 1.5 TITLE 1.5 TITLE 1.5 CITY - ST - ZiP TITLE 1.5 TITLE	20.
DECANDIRO, GABRIEL 8005 ELMERTON ROAD LARGO FL 34841 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 86 City FL 86 87 City FL 87 88 88 88 88 88 88 88	<i>20</i> .
BOOS ELMERTON ROAD LARGO FL 34641 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 85 85 86 City FL 86 86 87 88 87 88 88 88 88 88	
LARGO FL 34641 83 84 City FL 85 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 chan 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 appointm agent 1 am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE SIGNATURE OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 14. TITLE DECANDIDO, GABRIELA SIREFI ADDRESS CITY ST 2II TITLE DELETE 1.1 TITLE DELETE 1.2 NAME DELETE 2.1 TITLE C C SIREFI ADDRESS CITY ST 2IP TITLE DELETE 3.2 NAME DELETE 3.1 TITLE C C RAME DELETE 3.1 TITLE C C 3.2 NAME DELETE 3.3 NAME	
83 84 City FL 85 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 chan 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 appointm agent 1 am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature typical or period rame of registered agent and life if applicable (NOTE Registered Agent signature required when renstating) DATE 12. OFFICE RS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS AND DIRECTORS 1.1 TITLE DECANDIDO, GABRIELA 8005 ULMERTON ROAD 1.3 STREET ADDRESS CITY ST 2IF THE DELETE 2.1 TITLE LARGO FL SIREET ADDRESS CITY ST 2IF DELETE 2.2 STREET ADDRESS CITY ST 2IP DELETE 3.1 TITLE DELETE 3.1 TITLE DELETE 3.1 TITLE DELETE 3.1 TITLE DELETE 3.2 NAME	
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 chan 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 appointm agent 1 am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Styriative, typed or prefer rame of regelered agent and title if applicable (NOTE Registered Agent signature required when renatating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 19. DELETE 1.1 TITLE DECANDIDO, GABRIELA STREFT AFORESS CITY ST 2II TITLE NAME STREFT ADDRESS LARGO FL 1.4 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 3.1 TITLE 3.2 NAME 3.2 NAME 3.2 NAME	33 271
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 chan 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 appointm agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Styrulore, typind or profess name of regelored agent and tile if applicable. (NOTE: Registered Agent signature required when reinstating). DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 1-11 TILE DECANDIDO, GABRIELA 1.2 NAME 1.2 NAME 1.3 STREET ADDRESS CITY ST. 2II TILE DELETE 2.1 TITLE 2.2 NAME 3.3 STREET ADDRESS CITY ST. 2IP TITLE DELETE 3.1 TITLE 3.2 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 1.3 STREET ADDRESS 2.4 CITY - ST - ZIP TITLE 3.2 NAME 3.3 NAME	・ 33 フフノ
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 appointm agent 1 am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Styrubre, byted or preter rame of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating). DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 1-1-TITLE NAME DECANDIDO, GABRIELA 1.2 NAME 1.2 NAME 1.2 NAME 1.3 STREET ADDRESS CITY ST. ZIP TITLE NAME 1.4 CITY - ST - ZIP TITLE NAME 1.5 STREET ADDRESS 2.1 TITLE 2.1 TITLE 2.2 NAME 3.3 STREET ADDRESS 2.4 CITY - ST - ZIP TITLE NAME 3.2 NAME 3.3 NAME	
Agent 1 am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typical or professional of registered agent and life if applicable (NOTE Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 1.1 TITLE CCANDIDO, GABRIELA 1.2 NAME STREET ADDRESS CITY: S1: 2II LARGO FL 1.4 CITY: ST-ZIP TITLE CAME STREET ADDRESS CITY: S1: ZIP TITLE CAME STREET ADDRESS CITY: S1: ZIP TITLE CAME STREET ADDRESS CITY: S1: ZIP TITLE CAME 3.1 TITLE CCANDIDOS STREET ADDRESS CITY: S1: ZIP TITLE CAME 3.2 NAME 3.2 NAME DELETE CAME COMPANY STREET ADDRESS CITY: S1: ZIP TITLE CAME COMPANY STREET ADDRESS CITY: S1: ZIP TITLE CAME COMPANY SI: ZIP TITLE CAME COMPANY SI	ging its registered ent as registered
Style above, typied or profest name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 1-11 TITLE NAME DECANDIDO, GABRIELA 1.2 NAME STREFT ADDRESS CITY: SI 2/II TITLE NAME DELETE 1.4 CITY: ST-ZIP TITLE NAME STREET ADDRESS CITY: SI 2/II TITLE NAME STREET ADDRESS CITY: S	
12. OFFICERS AND DIRECTORS THE D DECANDIDO, GABRIELA STREFI ADDRESS CITY-ST-2IP THE NAME STREFT ADDRESS CITY-ST-2IP THE NAME STREFT ADDRESS CITY-ST-2IP THE DELETE T	
NAME DECANDIDO, GABRIELA 1.2 NAME 1.3 STREET ADDRESS CITY - ST - ZIP LARGO FL LARGO F	CTORS IN 12
STREET APORESS S005 ULMERTON ROAD 1.3 STREET ADDRESS 1.4 CITY- ST-ZIP	hange 🔲 Additi
CRY-SI_ZIF LARGO FL	
DELETE DELETE 2.1 TITLE C C	
NAME 22 NAME STREET ADDRESS 23 STREET ADDRESS CITY-ST-ZIP 2.4 CiTY-ST-ZIP TITLE DELETE 3.1 TITLE C RAME 3.2 NAME C	hange 🔲 Additi
2.3 STREET ADDRESS	nonde FT vodin
C1Y-S1-ZIP	
TUTLE DELETE 3.1 TITLE C NAME 3.2 MAME	
	hange
CTRULL ADDRESS	
Singly relations	
CHY-\$1-74P 3.4 CHY-\$1-21P	
	hange L Additi
NAME 4.2 NAME	
STREET ADDRESS 4.3 STREET ADDRESS	
CETY - ST - ZEP	hange
NAME 5.2 NAME	. g
STREET ADDRESS 5.3 STREET ADDRESS	
City S1-2iP	
NAME 6.2 NAME	hange Additi
STREET ADDRESS 6.3 STREET ADDRESS	hange Additi
CHY-ST-ZIP 64 CITY-ST-ZIP	hange Additi

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: