

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Suzanna B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L09178** (9)

1. Corporation Name
ALBERTO E. MONTALVO, M.D., P.A.



Principal Place of Business
**203 3RD AVE EAST
BRADENTON FL 34208
US**

Main Address
**203 3RD AVE EAST
BRADENTON FL 34208
US**

2. Principal Place of Business
21 State Apt. # etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 State Apt. # etc.
27 City & State
28 Zip
29 Country

3. Date Incorporated or Organized **09/01/1989**

3a. Date of Last Report **02/20/1995**

4. FEI Number **65-0145586**

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 has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

**MONTALVO, ALBERTO E., M.D.
203 3RD. AVE. E.
BRADENTON FL 34208**

10. Name and Address of New Registered Agent

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

11. Pursuant to the provisions of Sections 607.0912 and 607.1502, 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. Thereby, accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0912 Florida Statutes.

SIGNATURE _____ DATE _____

12. OFFICERS AND DIRECTORS

1	<input type="checkbox"/> DELETE	D MONTALVO, ALBERTO E. 203 3RD AVE. E. BRADENTON FL
2	<input type="checkbox"/> DELETE	
3	<input type="checkbox"/> DELETE	
4	<input type="checkbox"/> DELETE	
5	<input type="checkbox"/> DELETE	
6	<input type="checkbox"/> DELETE	
7	<input type="checkbox"/> DELETE	
8	<input type="checkbox"/> DELETE	
9	<input type="checkbox"/> DELETE	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1	<input type="checkbox"/> Change <input type="checkbox"/> Addition	1-1 NAME
2	<input type="checkbox"/> Change <input type="checkbox"/> Addition	1-2 STREET ADDRESS
3	<input type="checkbox"/> Change <input type="checkbox"/> Addition	1-3 CITY, STATE, ZIP
4	<input type="checkbox"/> Change <input type="checkbox"/> Addition	2-1 NAME
5	<input type="checkbox"/> Change <input type="checkbox"/> Addition	2-2 STREET ADDRESS
6	<input type="checkbox"/> Change <input type="checkbox"/> Addition	2-3 CITY, STATE, ZIP
7	<input type="checkbox"/> Change <input type="checkbox"/> Addition	3-1 NAME
8	<input type="checkbox"/> Change <input type="checkbox"/> Addition	3-2 STREET ADDRESS
9	<input type="checkbox"/> Change <input type="checkbox"/> Addition	3-3 CITY, STATE, ZIP
10	<input type="checkbox"/> Change <input type="checkbox"/> Addition	4-1 NAME
11	<input type="checkbox"/> Change <input type="checkbox"/> Addition	4-2 STREET ADDRESS
12	<input type="checkbox"/> Change <input type="checkbox"/> Addition	4-3 CITY, STATE, ZIP
13	<input type="checkbox"/> Change <input type="checkbox"/> Addition	5-1 NAME
14	<input type="checkbox"/> Change <input type="checkbox"/> Addition	5-2 STREET ADDRESS
15	<input type="checkbox"/> Change <input type="checkbox"/> Addition	5-3 CITY, STATE, ZIP
16	<input type="checkbox"/> Change <input type="checkbox"/> Addition	6-1 NAME
17	<input type="checkbox"/> Change <input type="checkbox"/> Addition	6-2 STREET ADDRESS
18	<input type="checkbox"/> Change <input type="checkbox"/> Addition	6-3 CITY, STATE, ZIP

14. I do hereby certify that the information supplied in this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.043(1)(a), 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 its manager or trustee, or 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 as an attachment with an address.

SIGNATURE: *Alberto E. Montalvo*
ALBERTO E. MONTALVO

2/5/96
941-748-2277

CR2E034 (12/95)