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PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # L81773

(8)

Corporation Name

MICHAEL L. CARLINO, M.D., P.A.

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		#

	of Business	Mailing Address	,				
% MICHAEL L 3900 BROADV FT. MYERS F		% MICHAEL L 3900 Broady Ft. Myers F	WAY	M.D.			
					3. Date Incorporated or Qualified 3a. Date of Last Report 03/17/1995		
2. Principal Pla	ice of Business	2a. Mailing Add	lress		4. FEI Number 65-0198939		Applied For
21		26	# ata			60.7	Not Applicable 5 Additional
Suite, Apt. # 22	r, etc.	Suite, Apt. #	#, etc.		5. Certificate of Status Desired	7	Required
Oity & State		Oity & State	,		6. Election Campaign Financing		00 May Be
23		28		Country	Trust Fund Contribution 8. This corporation has liability for it	Addi	ed to Fees
Ζιρ 24]	Country 25	Zip 29	3	Country	Florida Statutes Yes		199.032,
		of Current Registered Agent		,,,,	10. Name and Address of New R	egistered Agent	
				81 Name			· · · · · · · · · · · · · · · · · · ·
), MICHAEL L. MD			B2 Street Add	dress (P.O. Box Number is Not Acceptab	le)	·
	OADWAY AVE #18					·	
FT. MYE	RS FL 33901			83			
				84 City		FL 85 Z	ip Code
11 Porsuant t	a the provisions of Sections	s 607,0502 and 607,1508. Flori	da Statutes.	the above-named corpo	oration submits this statement for the pur	pose of changing its	registered office
or register	ed agent, or both, in the St	ate of Florida Such change was ns of, Section 607.0505, Florida	s authorized l	by the corporation's bo	pard of directors. I hereby accept the appo	bintment as régistere	d agent. I am
	H, ARKI ACCEPTED IS CONGRIGO	is or, section our loads, monde	a Statutes.				
SIGNATURE	Signature, typed or printed name of re	sgistere il agrent an 5 toe il applicable	(NOTE: I	Registered Agent signature requi	ired when reinstating)	DATE	
SIGNATURE	Signature, typed or printed name of re	opstere Lagent and treat applicable.	(NOTE:)	Registered Agent signature requi	ired when reinstating: ADDITIONS/CHANGES TO OFFI		ORS IN 12
SIGNATURE	Stgriebine, typed or prioted name of the OFF	ICERS AND DIRECTORS					
SIGNATURE _	Stylester, by eather printed name of the OFF D CARLINO, MICHAEL	ICERS AND DIRECTORS		13.		ICERS AND DIRECT	
S'GNATURE _	OFF CARLINO, MICHAEL 3900 BROADWAY	ICERS AND DIRECTORS		13. 1. 1 TITLE		ICERS AND DIRECT	
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SIGNATURE	OFF CARLINO, MICHAEL 3900 BROADWAY	ICERS AND DIRECTORS DE L., MD	LETE	13. 1. 1 TillE 12 NAMF 13 STREET ADDRESS 14 CITY-ST-ZIP		CERS AND DIRECT	☐ Addition
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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: MAN 2 COLUMN MO CO DIRECTOR

75296 941-939-724