


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 09, 2004 8:00 am
Secretary of State

03-09-2004 90016 031 ***150.00

DOCUMENT # P02000111740 1. Entity Name RICHARD A. CAPPIELLO, M.D., P.A.	
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Principal Place of Business 2828 SOUTH SEACREST BLVD STE 103 BOYNTON BEACH, FL 33435	Mailing Address 2828 SOUTH SEACREST BLVD STE 103 BOYNTON BEACH, FL 33435
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94027020



01282004 No Chg-P CR2E034 (10/03)

4. FEI Number 11-3657791	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent MENKHAUS, DAVID J 2424 N FEDERAL HWY STE 456 BOCA RATON, FL 33431

DO NOT WRITE IN THIS SPACE

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when restateing) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

b. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAPPIELLO, RICHARD A M.D. 2828 SOUTH SEACREST BLVD STE 103 BOYNTON BEACH, FL 33435
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DO NOT WRITE IN THIS SPACE

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Richard A. Cappiello* (RICHARD A. CAPPIELLO M.D., P.A.) 561-737-1947

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #