

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90218 040 ***158.75

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1. Entity Name

RICHARD A. CAPPIELLO, M.D., P.A.



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



2. Principal Place of Business

8188 JOG ROAD

3. Mailing Address

8188 JOG ROAD

Suite, Apt. #, etc.

SUITE #102

Suite, Apt. #, etc.

SUITE #102

City & State

Boynton Bch, FL

City & State

Boynton Bch, FL

Zip

33437

Country

USA

Zip

33437

Country

USA

1st MOORE

CR2E034 (10/05)

4. FEI Number

11-3657791

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6--Name and Address of Current Registered Agent--

MENKHAUS, DAVID J
2424 N FEDERAL HWY STE 456
BOCA RATON FL 33431

7--Name and Address of New Registered Agent--

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME CAPPIELLO, RICHARD A M.D.
STREET ADDRESS 2828 SOUTH SEACREST BLVD STE 103
CITY-ST-ZIP BOYNTON BEACH FL 33435

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 8188 JOG ROAD SUITE #102
CITY-ST-ZIP BOYNTON BEACH, FL 33437

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 807, 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, MD 4/18/06 (561) 737-1947

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #