DOCUMENT # P93000044563       04-22-2005 90         * Employee       ANTONIO DISCLAFANI, II, M.D., P.A.         Principal Place disainess       Mailing Address         BIDS St 13TH AVE       1901 SS 13TH AVE         BLOC 101       BLOC 101         COLA, FL 34471       OCALA, FL 34471         DO NOT WRITE IN THIS SPACE       1252005         No Chog-P       4. FEI Number 59-3189791         S. Centicate of Status Desired       1         DISCLAFANI, ANTONIO II       Bubber of Current Registered Agent         DISCLAFANI, ANTONIO II       Bubber of Current Registered office or registered adent-instance         BLOG 101       OCALA, FL 34471         BLOG 101       OCALA, FL 34471         BLOG 101       OCALA, FL 34471         SIGNATURE       Instrument of the statement for the purpose of charging lis registered office or registered adent-instrumo         - Fue Mowriti FEE IS \$ 550.00       P. Election Campaign Financing         - Fue Mowriti FEE IS \$ 550.00       P. Election Campaign Financing         - Fue Mowriti FEE IS \$ 550.00       P. Election Campaign Financing         - Fue Mowriti FEE IS \$ 550.00       P. Election Campaign Financing         - Fue Mowriti FEE IS \$ 550.00       P. Election Campaign Financing         - Fue Mowriti FEE IS \$ 550.00       P. Election Campaign Financing	2005 FOR PROFIT CORPORATION ANNUAL REPORT			FILED Apr 22, 2005 8:00 am Secretary of State	
1901 SE 18TH AVE BLOG 101 OCALA, FL 34471       1901 SE 18TH AVE BLOG 101 OCALA, FL 34471       1001 SE 18TH AVE BLOG 101 OCALA, FL 34471         DO NOT WRITE IN THIS SPACE         01252005 No Chg-P         0.1252005 No Chg-P         DISCLAFANI, ANTONIO II         BUDG 101         OCALA, FL 34471         DO NOT WR         IN THIS SPACE         DOUL Ingelstand Agent square reased statement for the purpose of changing its registered office or registered agent. or borb. in the State of Florida         Ingelstate agent.         Ingelstate agent.         DOUL Ingelstate Agent square reased statement agent agent agent agent agent agent.         Ingelstate agent.         Ingelstate agent.         DOCALA, FL 34471         DOCALA, FL 34471         DOCALA, FL 34471<	1. Entity Nam	ie		04-22-2005 90301 044 ***150.00	
DO NOT WRITE IN THIS SPACE       4. FEI Number 59-3189791         8. Certificate of Status Desired       9. Certificate of Status Desired         1901 SE 18TH AVE BLDG 101       0         1901 SE 18TH AVE BLDG 101       DO NOT WR IN THIS SPA         2004 CLA, FL 34471       DO NOT WR IN THIS SPA         2015 CLAFANI, ANTONIO II 1901 SE 18TH AVE BLDG 101       DO NOT WR IN THIS SPA         2016 CLA, FL 34471       When the statement for the purpose of changing its registered agent, or both, in the State of Florid the obligations of registered agent.         2017 FLE NOWITI FEE IS \$150.00       P. Election Campaign Financing Trust Fund Contribution.       \$5.00 May Be Added to Fees         2018 CLAFANI, ANTONIO II Inter Moress 2017 ST-2P       DISCLAFANI, ANTONIO II 1901 SE 18TH AVE BLDG 101 OCALA, FL 34471       DO NOT WR IN THIS SPA         2018 CLAFANI, ANTONIO II Inter Moress 2017 ST-2P       DO NOT WR IN THIS SPA         2018 CLAFANI, ANTONIO II INT ST-2P       DO NOT WR IN THIS SPA         2018 CLAFANI, ANTONIO II INT ST-2P       DO NOT WR IN THIS SPA         2018 CLAFANI, ANTONIO II INT ST-2P       DO NOT WR IN THIS SPA         2018 CLAFANI, ANTONIO II INT ST-2P       DO NOT WR IN THIS SPA         2018 CLAFANI, ANTONIO II INT ST-2P       DO NOT WR IN THIS SPA         2018 CLAFANI, ANTONIO II INT ST-2P       DO NOT WR IN THIS SPA         2018 CLAFANI, ANTONIO II INT ST-2P       DO NOT WR IN THIS SPA </td <td colspan="2">1901 SE 18TH AVE         1901 SE 18TH AVE           BLDG 101         BLDG 101</td> <td></td> <td></td>	1901 SE 18TH AVE         1901 SE 18TH AVE           BLDG 101         BLDG 101				
DISCLAFANI, ANTONIO II 1901 SE 18TH AVE BLDG 101 DCALA, FL 34471 A. The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida the obligations of registered agent. ICOTE: Registered Agent software required when remaining ICONATURE Inter NOWIT: -FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 0. OFFICERS AND DIRECTORS D DISCLAFANI, ANTONIO II 1901 SE 18TH AVE BLDG 101 0CALA, FL 34471 THE MAKE INFERT ADDRESS ITY-ST-2P THE MAKE INFERT ADDRESS ITY-ST-2P THE MAKE INFERT ADDRESS ITY-ST-2P	D	O NOT WRITE IN THIS SPA	CE	4. FEI Number 59-3189791 Applied For \$8.75 Additional	
the collgations of registered agent.  Signature, hyad or protect name of registered agent and tile if applicable.  PILE NOWIII -FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00  P. Election Campaign Financing S5.00 May Be Added to Fees  Added to Fees  D SCLAFANI, ANTONIO II INET ADDRESS INT-S1-2P INE	1901 SE 1 BLDG 101	ANI, ANTONIO II 8TH AVE		DO NOT WRITE IN THIS SPACE	
ITTLE D DISCLAFANI, ANTONIO II 1901 SE 18TH AVE BLDG 101 OCALA, FL 34471 ITTLE AMME SIREET ADDRESS SITY-ST-ZIP TILE AMME ITTLE TILE	the obligat	Ions of registered agent. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent and title if applicable. (NOTE: Registered agent and title if applicable. 9. Election Campaign Fina	red Agent signature required	ed when reinstating) OATE	
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NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	NAME STREET ADDRESS CITY+ST-ZIP		-	DO NOT WRITE	
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CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP- TITLE NAME		_		
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 furt 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 of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name ap changed, or on an attachment with an address, with all other like empowered.	CITY-ST-ZIP 12. I hereby a indicated of the cor	on this report or supplemental report is true and accurate and that my sign poration or the receiver or trustee empowered to execute this report as req	ature shall have the	e same legal effect as if made under oath; that I am an officer or director	