FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

2a. Mailing Address

PROFIT CORPORATION

2. Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Apr 16 1997 8:00am **ANNUAL REPORT** Secretary of State Secretary of State 1997 DIVISION OF CORPORATIONS POCUMENT # P93000061551 (6) ALEXANDER P. RUGGIERI, M.D., P.A. Principal Place of Business Mailing Address 1630 RIGGINS ROAD TALLAHASSEE FL \$2308 1630 RIGGINS ROAD TALLAHASSEE FL 32308-5316 3. Date Incorporated or Qualified 3a. Date of Last Report

2. Principal Pla	ace of Business	2a. Mailing Add	dress		4. FEI Number		Applied For		
1		26			59-3204748		Not Applicable		
Sulte, Apt. #, etc.		Suite, Apt. #	f, etc.		5. Certificate of Status Desired		\$8.75 Additional Fee Required		
City & State		City & State	City & State		Election Campalgn Financing Trust Fund Contribution		\$5.00 May Be Added to Fees		
Zip 4	Country 25	Zip 29	30 Cou	ntry	8. This corporation has liability for inta Florida Statutes	angible tax u Yes 🔲 No			
9. Name and Address of Current Registered Agent					10. Name and Address of New Regis	10. Name and Address of New Registered Agent			
FRANCE, BELINDA T 703 E TENNESSEE ST					Name Street Address (P.O. Box Number is Not Acceptable)	Address (P.O. Roy Number is Net Accordable)			
TALLAHASSEE FL 32308			82	alleet Address (1.0. Box Northber is Not Acceptable)					
				83					
	•			84	City	EI 85	Zip Code		

09/02/1993

4. FEI Number

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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. I hereby accept the appointment as registered

agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.										
SIGNATURE	Signalure, lyped or printed name of registered agont and title if a	contrable (NO)	E. Registered Agent signature requi	red when re asistian)	DATE					
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFI	•	S IN 12				
TITLE	D	DELFTE	1.1 TOTLE		Change	S IN 12 G				
NAME .	RUGGIERI, ALEXANDER P M.D.		1.2 NAME			}				
STREET ADORESS	1830 RIGGINS ROAD		1.3 STREET ADDRESS			{				
CITY-\$1-ZIP	TALLAHASSEE FL 32308		1.4 CITY - ST - ZIP							
TITLE		DELETE	2.1 TITLE		☐ Change	Addition C				
NAME			2.2 NAME							
STREET ADDRESS			2.3 STREET ADDRESS							
CITY-ST-ZIP			2.4 C(TY+ST-ZIP			·				
TATLE		DELETE	3.1 TITLE		☐ Change	☐ Addition				
NAME			3.2 NAME							
STREET ADDRESS			3.3 STREET ADDRESS			i				
CITY-ST-ZIP			3.4. CITY - ST - ZIP							
TITLE		DELETE	4.1 TITLE		☐ Change	☐ Addition				
NAME :			4. 2 NAME							
STREET ADDRESS			4.3 STREET ADDRESS							
CITY-ST-ZIP			4.4 CITY-ST-7IP							
TITLE		DELETE	5.1 TITLE		☐ Change	Addition				
NAME			5.2 NAME							
- STREET ADDRESS			5.3 STREET ADDRESS							
CITY-ST-ZIP			5.4 CITY-ST-ZIP							
TITLE		DELETE	6.1 TITLE		☐ Change	Addition				
NAME 1			6.2 NAME							
STREET ADDRESS	en de la companya de La companya de la co		6.3 STREET ADDRESS			1				
City-St-7iP	: ·		6.4 C(TY - \$T - 7)P							

I do 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 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 attach previous and accurate the second statutes.

FILED