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ANNUAL REPORT
1998

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FLORIDA DEPARTMENT OF STATE

**FILED** 

May 13 1998 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000061551 (6)

ALEXANDER P. RUGGIERI, M.D., P.A. Principal Place of Business Mailing Address 1830 RIGGINS ROAD 1630 RIGGINS ROAD TALLAHASSEE FL 32308 TALLAHASSEE FL 32308 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/02/1993 2a. Mailing Address 2. Principal Place of Business 4. FEI Number Applied For 59-3204748 Not Applicable 1430 Les 1430 Lec Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be Tacloha see FC Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible Leo 32<u>703</u> Personal Property Tax due June 30. Yes 24 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent R1 Name FRANCE, BELINDA T 703 E TENNESSEE ST R2 Street Address (P.O. Box Number is Not Acceptable) TALLAHASSEE FL 32308 84 Zip Code 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent aignature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE TITLE 1.1 TITLE Change Addition RUGGIERI, ALEXANDER P M.D. 1.2 NAME NAME 1630 RIGGINS ROAD STREET ADDRESS 1.3 STREET ADDRESS TALLAHASSEE FL 32308 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE TITLE 21 TITLE Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE 3.1 TITLE Change ☐ Addition TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY - ST - ZIP CITY-ST-ZIP TITLE DELETE 4.1 TIFLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-7IP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS **5.3 STREET ADDRESS** 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE B 1 TITLE Change Addition TITLE 6 2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP 14. 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 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.