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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1998

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

FILED

Jan 29 1998 8:00am

HULLA

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000081841 (7)

NORMAN J. CASTELLANO, M.D., P.A.

2727 W. MAR Suite 450 Tampa Fl 33	TIN LUTHER KING JR BLVD. 807	SUITE 45	2727 W. MARTIN LUTHER KING JR BLVD. SUITE 450 TAMPA FL 33607				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified					
	0		O				11/30/1993					
2. Principal P	lace il Business	2a. Mailin	g Addres	_	•		4, FEI Number		•	Applied For		
21 ~	Dance	26	Zun	سفيه			59-3208662			Not Applicable	ie	
Suite, Apt	#, etc.	Suite,	Apt. #, etc.				5. Certificate of Status Desired	, 🗆	-	5 Additional Required		
City & State	e		City & State				6. Election Campaign Financia	na	\$5.	00 May Be	_	
23		28	28				Trust Fund Contribution			Added to Fees		
Ζiρ	Country	Zip	Zip Country				8. This corporation owes or has paid the current year Intangible					
24	25	29		30			Personal Property Tax due June 30. 🔲 Yes 🗌 No					
g. Name and Address of Current Registered Agent					10. Name and Address of New Register				Agent		_	
CASTELLANO, NORMAN J M.D.						Name	Mene o					
272		82	: :	Street Addr	t Address (P.O. Box Number is Not Acceptable)							
	TE 450											
TAN	MPA FL 33607			83	1							
				84	1 1	City		FI	85 2	Zip Code		
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	Signature, typed or printed name of registered as	eignature requir	rod when reinstating)	DATE								
12.	OFFICERS AF	ND DIRECTORS		13.			ADDITIONS/CHANGES TO C	FFICERS AN	D DIRECT	FORS IN 12		
TITLE	D		☐ DELETE	1.1 TITLE					Chan	ige 🔲 Addition	n	
NAME	CASTELLANO, NORMAN J											
STREET ADDRESS	EET ADDRESS 2727 W. MARTIN LUTHER KING JR. BLVD. #450 1.3					DRESS					- {	
CITY-ST-ZIP	TAMPA FL 33607			1.4 CITY- S	S1-2	ZIP						
TITLE			DELETE	2.1 TITLE					Chan	ge 🗌 Addition	n	
-NAME	•			2.2 NAME								
STREET ADDRESS				2.3 STREET	T AD	DRESS					-	
CITY-ST-ZIP				2. 4 CITY-	ST-	ZIP						
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NAME				3.2 NAME								
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NAME				4. 2 NAME							١	
STREET ADDRESS				4.3 STREET	T AD	DORESS						
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NAME				5.2 NAME								
STREET ADDRESS				5.3 STREET								
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TITLE			DELETE	6 1 TITLE					Chan	ge L. Addition	1	
NAME				6.2 NAME								
STREET ADDRESS				63 STREET		ı						
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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 supplied entitle 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												
indicated on this acquair report or sur plemental acquair 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 of the received or trustee empowered to exocute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapter, or on an attachment with an address.												