

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

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Jun 24 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000088772 (7)

1. Corporation Name
BOGDAN R. MARCOL, M.D., P.A.



Principal Place of Business
1700 S.E. HILLMOOR DR.
SUITE 301
PORT ST. LUCIE FL 34952

Mailing Address
1700 S.E. HILLMOOR DR.
SUITE 301
PORT ST. LUCIE FL 34952-7544

3. Date Incorporated or Qualified
12/29/1993

3a. Date of Last Report
06/03/1996

2. Principal Place of Business
21 2100 Nebraska Ave
Suite, Apt. #, etc.
22 111
City & State
23 Ft. Pierce, FL
Zip
24 34950
Country
25 St Lucie

2a. Mailing Address
26 2100 Nebraska Ave
Suite, Apt. #, etc.
27 111
City & State
28 Ft. Pierce, FL
Zip
29 34950
Country
30 St Lucie

4. FEI Number
65-0469904

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

KOHL, N. D JR
50 S.E. KINDRED STREET
SUITE 107
STUART FL 34994

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 City
84 State
85 Zip Code

Marcol, M.D., Bogdan
2100 Nebraska Ave
Ste. 111
Ft. Pierce FL FL 34950

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 of registered agent and title if applicable

Signature of Registered Agent required when reinstating

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
	PVSP			<input checked="" type="checkbox"/>
	MARCOL, BOGDAN R M.D.	1700 S.E. HILLMOOR DR., STE 301	PORT ST. LUCIE FL 34952	
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP
		2100 Nebraska Ave, Ste 111	Ft. Pierce, FL 34950																				

14. 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 of this report or on an attachment with an address.

CR2E034 (9/96)