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FILED
Mar 05 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

2100 NEBRASKA AVE.
111
FT. PIERCE FL 34950
US

Mailing Address

2100 NEBRASKA AVE.
111
FT. PIERCE FL 34950
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/29/1993

4. FEI Number

65-0469904

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

25 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30

9. Name and Address of Current Registered Agent

MARCOL, M.D. BOGDAN
2100 NEBRASKA AVE.
STE. 111
FT. PIERCE FL 34950

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the undersigned, who is an officer 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 signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PVSD
MARCOL, BOGDAN R M.D.
2100 NEBRASKA AVE, STE. 111
FT. PIERCE FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 NAME

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

1.5

2.1 NAME

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

2.5

3.1 NAME

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

3.5

4.1 NAME

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

4.5

5.1 NAME

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

5.5

6.1 NAME

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.5

☐ Change

☐ Addition

☐ Change

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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 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.

SIGNATURE:

(Signature)

BOGDAN R. MARCOL MAR 12/98 5101-408-MU7-

CR2E034 (10/97)