

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Candra P. Mathias
Secretary of State
1995

APPROVED
AND
FILED

90 MAY -1 PM 2:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000001071 (7)**
ANGELO M. CAPIELLO, M.D., P.A.

Principal Office Address: 4931 MILE STRETCH DRIVE HOLIDAY FL 34691
Mailing Address: 4931 MILE STRETCH DRIVE HOLIDAY FL 34691

DO NOT WRITE IN THIS SPACE

2. Filing date of this report		2a. Mailing address		3. Filing year (month and day, if filed)	3a. Title of Last Report
21. State		26. State		4. Filing Number	Applied For
22. City & State		27. City & State		5. Certificate of Status Desired	Not Applicable
23. City & State		28. City & State		6. Election Campaign Financing Fund Contribution	\$8.75 Additional Fee Required
24. City & State		29. City & State		7. This corporation has liability for enterprise tax under s. 199.03(2), Florida Statutes	\$5.00 May Be Added to Fees
25. City & State		30. City & State		8. This corporation has liability for enterprise tax under s. 199.03(2), Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CAPIELLO, ANGELO M 4931 MILE STRETCH DRIVE HOLIDAY FL 34691				81. Name			
				82. Street Address (P.O. Box Number is Not Acceptable)			
				83. City			
				84. City	FL	85. Zip Code	

11. Pursuant to the provisions of Sections 607.08(1) and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or transferring agent of itself to 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 the terms of the Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1995	
1. NAME	D CAPIELLO, ANGELO M	1. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. STREET ADDRESS	4931 MILE STRETCH DRIVE	2. STREET ADDRESS	
3. CITY	HOLIDAY FL 34691	3. CITY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4. NAME		4. NAME	
5. STREET ADDRESS		5. STREET ADDRESS	
6. CITY		6. CITY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
7. NAME		7. NAME	
8. STREET ADDRESS		8. STREET ADDRESS	
9. CITY		9. CITY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME		10. NAME	
11. STREET ADDRESS		11. STREET ADDRESS	
12. CITY		12. CITY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13. NAME		13. NAME	
14. STREET ADDRESS		14. STREET ADDRESS	
15. CITY		15. CITY	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I declare under penalty that the information furnished with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.03(2) of the Florida Statutes. I further certify that the information indicated on this report is complete and correct and that the corporation shall have the same legal liabilities if any change is made in the future. I am familiar with and accept the obligations of the terms of the Florida Statutes and that my name appears in Block 12 of this report as an officer or director with an address.

SIGNATURE: DATE: 4/30/95 813-937-3280