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May 15 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 # P94000001071 (7)

1. Corporation Name
ANGELO M. CAPIELLO, M.D., P.A.



Principal Place of Business
4831 MILE STRETCH DRIVE
HOLIDAY FL 34691

Mailing Address
4831 MILE STRETCH DRIVE
HOLIDAY FL 34690-4348

3. Date Incorporated or Qualified: 01/01/1994
3a. Date of Last Report: 05/01/1996
4. FEI Number: 59-3215241
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

2. Principal Place of Business
21 Suite, Apt #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt #, etc.
27 City & State
28 Zip
29 Country

9. Name and Address of Current Registered Agent

CAPPIELLO, ANGELO M
4831 MILE STRETCH DRIVE
HOLIDAY FL 34691

10. Name and Address of New Registered Agent

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

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: _____ (NOTE: Registered Agent signature required when reinstating)

Table with 12 rows for Officers and Directors. Row 1: Title D, Name CAPIELLO, ANGELO M, Street Address 4831 MILE STRETCH DRIVE, City-ST-ZIP HOLIDAY FL 34691. Includes checkboxes for DELETED.

Table with 13 rows for Additions/Changes to Officers and Directors in 12. Columns for Title, Name, Street Address, City-ST-ZIP, and checkboxes for Change/Addition.

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 or on an attachment with an address.

SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: 4-29-97 Daytime Phone #: (813) 937-3280

CFR2E034 (9/96)