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May 06, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000001071

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

Principal Place of Business
4931 MILE STRETCH DRIVE
HOLIDAY FL 34691

Mailing Address
4931 MILE STRETCH DRIVE
HOLIDAY FL 34691



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
01/01/1994

2. Principal Place of Business

2a. Mailing Address

4. FEI Number
59-3215241

Applied For
Not Applicable

21 Suite, Apt. #, etc.
4915 Mile stretch DR.

26 Suite, Apt. #, etc.
4915 Mile stretch DR.

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

23 City & State
HOLIDAY, FL

28 City & State
HOLIDAY, Florida

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

24 Zip 34690 25 Country PASCO

29 Zip 34690 30 Country PASCO

8. This corporation owes the current year Intangible Personal Property Tax. Yes 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

84 City

FL

85 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]

(NOTE: Registered Agent signature required when reinstating)

DATE

4-28-99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Table with 4 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Contains entries for Angelo M. Cappiello, M.D. P.A. with handwritten 'NEW' and 'Address'.

Table with 4 columns: 1.1 TITLE, 1.2 NAME, 1.3 STREET ADDRESS, 1.4 CITY-ST-ZIP. Contains handwritten entry for 4915 Mile stretch DR., HOLIDAY, FL 34690.

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, with all other like empowered.

SIGNATURE: [Signature]

A.M. CAPIELLO M.D.

4-28-99

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)