

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

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90239 014 ***150.00

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

21

Suite, Apt. #, etc.

4915 Mile Stretch DR.

City & State

HOLIDAY, FL

Zip

34690

Country

PASCO

2a. Mailing Address

26

Suite, Apt. #, etc.

4915 Mile Stretch DR.

City & State

HOLIDAY, FLORIDA

Zip

34690

Country

PASCO

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 owes the current year Intangible
Personal Property Tax.

☐

Yes ☐ No

9. Name and Address of Current Registered Agent

**CAPPIELLO, ANGELO M
4931 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

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

Angelo M. Capriello M.D.

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-28-99

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE
NAME **CAPPIELLO, ANGELO M**
STREET ADDRESS **4931 MILE STRETCH DRIVE**
CITY-ST-ZIP **HOLIDAY FL 34690**

TITLE **A. M. CAPIELLO, M.D., P.A.** ☐ DELETE
NAME **Angelo M. Capriello M.D.**
STREET ADDRESS **4915 Mile Stretch Drive**
CITY-ST-ZIP **Holiday, Florida 34690**

TITLE **A. M. CAPIELLO, M.D., P.A.** ☐ DELETE
NAME **Angelo M. Capriello M.D.**
STREET ADDRESS **4915 Mile Stretch Drive**
CITY-ST-ZIP **Holiday, Florida 34690**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

**4915 mile stretch DR.
HOLIDAY, FL 34690**

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

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:

Angelo M. Capriello M.D.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

A.M. CAPIELLO M.D.

Date

Daytime Phone #

4-28-99

CR2E034 (11/98)