

FILED
Apr 15, 1999 8:00 am
Secretary of State

04-15-1999 90099 045 ***163.75

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| PROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # P94000008851

1. Corporation Name

ROBERT C. BIANCO, M.D. P.A.

Principal Place of Business

14 OFFICE PARK DR
SUITE 8
PALM COAST FL 32137
US

Mailing Address

14 OFFICE PARK DRIVE
SUITE 8
PALM COAST FL 32137
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/03/1994

2. Principal Place of Business

21
Suite, Apt. #, etc.
22
City & State
23
Zip Country
24
25
26
27
28
29
30

2a. Mailing Address

Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number

59-3228793

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

BIANCO, ROBERT C
3 LAUREL OAK PLACE
PALM COAST FL 32137

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

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 ☐ DELETE
P
BIANCO, ROBERT C
3 LAUREL OAK PLACE
PALM COAST FL
TITLE ☐ DELETE
ST
BIANCO, PAMELA
3 LAUREL OAK
PALM COAST FL
TITLE ☐ DELETE
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ DELETE
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ DELETE
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ DELETE
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

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)(l), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)