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May 02 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 # P94000053469 (0)

1. Corporation Name

VIRGINIA CONDELLO, M.D., P.A.

Principal Place of Business

9001 TAMiami TRAIL EAST  
NAPLES FL

Mailing Address

9001 TAMiami TRAIL EAST  
NAPLES FL 34113-3304

3. Date Incorporated or Qualified  
07/15/1994

3a. Date of Last Report  
03/25/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 VIRGINIA CONDELLO, M.D., P.A.

22 City & State

27 150 13TH AVE. S.

23 Zip

Country

28 Zip

Country

24

25

29 34102

30 U.S.A.

4. FEI Number

NOT APPLICABLE

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

9. Name and Address of Current Registered Agent

KEEGAN, DAVID J  
3411 TAMiami TRAIL NORTH  
NAPLES FL 33940

10. Name and Address of New Registered Agent

81 Name DAVID J. KEEGAN  
82 Street Address (P.O. Box Number is Not Acceptable)  
150 13TH AVE. S.  
83  
84 City NAPLES FL 85 Zip Code 34102

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

DAVID J. KEEGAN

APRIL 28, 1997

12. OFFICERS AND DIRECTORS

TITLE P  
NAME CONDELLO, VIRGINIA  
STREET ADDRESS 9001 TAMiami TR  
CITY-ST-ZIP NAPLES FL

TITLE T  
NAME KEEGAN, DAVID  
STREET ADDRESS 9001 TAMiami TRAIL NORTH 150 13TH AVE. S.  
CITY-ST-ZIP NAPLES FL 34102

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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

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 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 if changed, or on an attachment with an address.

SIGNATURE:

DAVID J. KEEGAN

APRIL 28, 1997

941-4363708

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)