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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9400053469

1. Corporation Name

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

Principal Place	e of Business	Mailing Address				
9001 TAMIAMI T	TRAIL EAST	VIRGINIA. CONDELLO. M.D	P.A.			
NAPLES FL		150 13TH AVE S.		DO NOT WRITE IN TH	IIS SPACE	
		NAPLES FL 34102 US		3. Date Incorporated or Qualifed		
		••		07/15/1994		į
2. Principal Pla	lace of Business	2a. Mailing Address		4. FEI Number	App	olied For
21		26		NOT APPLICABLE	Not	Applicable
Suite, Apt. #	#, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 A	
22		27		O, Contracto of Contract	Fee Red	
City & State	e	City & State		6. Election Campaign Financing	\$5.00 (•
23		28	O	Trust Fund Contribution	Added to	o Fees
Zip	Country	Zip	Country	8. This corporation owes the current year		□No
24	25		30	Personal Property Tax. 10, Name and Address of New Registere		
	9. Name and Address of Currer	nt Registered Agent	81 Name	10. Haine and Addition of the Artogister		
KFF	GAN, DAVID J					
150 13TH AVE S.			82 Street Add	ress (P.O. Box Number is Not Acceptable)		i
	LES FL 34102		83			
147.11	20120102					
			84 City	F	85 Zip C	Code
44 Dumuent	to the provisions of Sections 607.050	12 and 607 1508 Florida Statute	s the above-named corr	poration submits this statement for the purpose	of changing its	registered
office or re	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida, Such change was au	thorized by the corporation	on's board of directors. I hereby accept the ap	pointment as reg	gistered
SIGNATURE						
SIGNATURE		/NOTE:	Pagistared Agent signature require	od when reinstating) DATE		
	Signature, typed or printed name of registered age		Registered Agent signature require		AND DIRECTO	RS IN 12
12.	OFFICERS AN	int and title if applicable (NOTE: ND DIRECTORS DELETE	Registered Agent signature require 13. 1.1 TITLE	ad when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12
12.	OFFICERS AN	ND DIRECTORS	13.			
12. TITLE NAME	OFFICERS AND CONDELLO, VIRGINIA	ND DIRECTORS	13. 1.1 TITLE 1.2 NAME			
12. TITLE NAME STREET ADDRESS	P CONDELLO, VIRGINIA 9001 TAMIAMI TR	ND DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS			
12. TITLE NAME STREET ADDRESS CITY- ST- ZIP	OFFICERS AND CONDELLO, VIRGINIA	ND DIRECTORS	13. 1.1 TITLE 1.2 NAME			
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	P CONDELLO, VIRGINIA 9001 TAMIAMI TR NAPLES FL T	ND DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		☐ Change	Addition
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12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	P CONDELLO, VIRGINIA 9001 TAMIAMI TR NAPLES FL T KEEGAN, DAVID 150 13TH AVE S.	ND DIRECTORS	13. 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		☐ Change	Addition
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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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR