

FILE NOW: FILING FEE AFTER MAY 1 IS \$55.00

FILED
Apr 16 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mooreham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # P94000079634 (9)

1. Corporation Name
FRANCISCO SANTOS, M.D., P.A.

Principal Place of Business

601 E DIXIE AVE.
STE 805
LEESBURG FL 34748
US

Mailing Address

601 E DIXIE AVE
STE 805
LEESBURG FL 34748-5994
US



2. Principal Place of Business		3a. Date of Last Report	
21 Suite, Apt. #, etc.		11/01/1994	
22 City & State		04/04/1996	
23 Zip		4. FET Number	
24 Country		59-3274304	
25		5. Certificate of Status Desired	
26		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
27		X Yes ☐ No	
28		3a. Date of Last Report	
29		04/04/1996	
30		4. FET Number	
31		59-3274304	
32		5. Certificate of Status Desired	
33		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
34		X Yes ☐ No	

9. Name and Address of Current Registered Agent

SANTOS, FRANCISCO
601 E DIXIE AVE STE 805
LEESBURG FL 34748

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 produced from a registered agent and the corporation

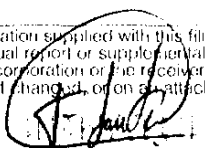
(NOTE: Registered Agent signature required when reconstituting)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	SANTOS, FRANCISCO	1.2 NAME	
STREET ADDRESS	601 E DIXIE AVE STE 805	1.3 STREET ADDRESS	
CITY-ST-ZIP	LEESBURG FL	1.4 CITY-ST-ZIP	
TITLE		2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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:



✓ 4/11/97 (352)323-5707

CR2E034 (9/96)