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PROFIT CORPORATION **ANNUAL REPORT**



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

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Zip

DOCUMENT # P9500007478 (7)

THOMAS G. BRUNO, M.D., P.A.

25

BRUNO, THOMAS G 800 GOODLETTE ROAD

NAPLES FL 34102

Principal Place of Business Mailing Address 800 GOODLETTE ROAD P.O. BOX 11838 NAPLES FL 34102 NAPLES FL 34101-1838

2a, Mailing Address

City & State

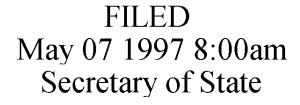
27

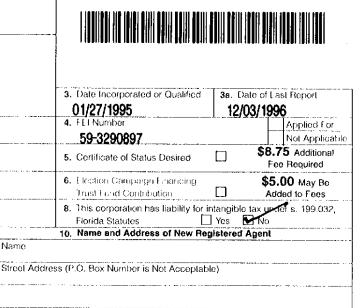
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Name and Address of Current Registered Agent

Suite, Apt. #, etc





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

Country

81 Name

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83 84

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agent. I a	m familiar with, and accept the obligation	of, Section 607.0505, Ft	orida Statutes.	mon's board of directors. Thereby accept the appointment as register	CCI
SIGNATURE	Signature, typed or pointed name of registered agent and	title it aoot cable (NO)	L. Registered Agent signature raqu	ored when reinstating) DATE	
12.	OFFICERS AND DIE		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPS	DELETE	1.1 DUF	Change Ade	dition
NAME	BRUNO, THOMAS G		12 NAME		
STREET ADDRESS	800 GOODLETTE ROAD		13 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL 34102		1.4 CITY-ST-7/P		
TITLE		DELFTE	2 1 1IILF	Change Add	dition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2 4 CHY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE	Change Add	dition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 C(1Y+\$1+ZIP		
TITLE		DELETE	4.1 TITLE	☐ Change ☐ Add	dition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADORESS		
CITY-ST-ZIP			4.4 C(1 Y - S1 - 2)P		
TITLE		☐ DELETE	5.1 TITLE	Change Add	dition
NAME			5.2 NAME		
STREET ADORESS	•		5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	G 1 TITLE	Change Add	dition
NAME			6.2 NAME		ļ
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP	ay cartify that the information consulted with		64 CHY-ST-ZIP		

otion stated in Section 119.07(3)(i), Florida Statutes. I further certify that the te and that my signature shall have the same legal effect as if made under oath; that e this report as required by Chapter 607, Florida Statutes; and that my name information indicated on this annual report or supplemental annual report is I am an officer or director of the corporation or the receiver or trustee empo