

FILE NOW: FILING FEE AFTE., MAY 1 IS \$550.00

FILED
May 08 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000054836 (8)

1. Corporation Name

J. TERRY PETRELLA, M.D., P.A.

Principal Place of Business

Mailing Address

5741 BEE Ridge Rd Fourth FL.
SARASOTA, FL 34233

5741 BEE Ridge Rd
4th FL
SARASOTA, FL 34233

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21. State, Apt. #, etc.		26. State, Apt. #, etc.		4. FET Number		Applied For	
22. City & State		27. City & State		65-0595624		Not Applicable	
23. Zip		28. Zip		5. Certificate of Status Design		88.75 Additional Fee Required	
24. Country		29. Country		6. Lien on Corporate Financing		55.00 May Be Added to Fee	
25. Country		30. Country		7. This corporation has liability for taxable tax under 1984 U22.		8. Florida Statutes	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent		8. Florida Statutes		9. Yes ☒ No ☐	
PETRELLA, JUDITH T. MD		81. Name		8. Florida Statutes		9. Yes ☒ No ☐	
5741 BEE Ridge Road Fourth Floor		82. Street Address (P.O. Box Number is Not Acceptable)		8. Florida Statutes		9. Yes ☒ No ☐	
SARASOTA, FL 34233		83.		8. Florida Statutes		9. Yes ☒ No ☐	
		84. City		8. Florida Statutes		9. Yes ☒ No ☐	
		FL		8. Florida Statutes		9. Yes ☒ No ☐	
		85. Zip Code		8. Florida Statutes		9. Yes ☒ No ☐	
		FL		8. Florida Statutes		9. Yes ☒ No ☐	

11. Pursuant to the provisions of Sections 607.0512 and 607.1506, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office, 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 sign of state agent

D-ONE, Registered Agent Signature (required when redesigning)

GATP

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.1 NAME		13.1 NAME	
12.2 STREET ADDRESS		13.2 STREET ADDRESS	
12.3 CITY-STATE-ZIP		13.3 CITY-STATE-ZIP	
12.4 TITLE		13.4 TITLE	
12.5 NAME		13.5 NAME	
12.6 STREET ADDRESS		13.6 STREET ADDRESS	
12.7 CITY-STATE-ZIP		13.7 CITY-STATE-ZIP	
12.8 TITLE		13.8 TITLE	
12.9 NAME		13.9 NAME	
12.10 STREET ADDRESS		13.10 STREET ADDRESS	
12.11 CITY-STATE-ZIP		13.11 CITY-STATE-ZIP	
12.12 TITLE		13.12 TITLE	
12.13 NAME		13.13 NAME	
12.14 STREET ADDRESS		13.14 STREET ADDRESS	
12.15 CITY-STATE-ZIP		13.15 CITY-STATE-ZIP	
12.16 TITLE		13.16 TITLE	
12.17 NAME		13.17 NAME	
12.18 STREET ADDRESS		13.18 STREET ADDRESS	
12.19 CITY-STATE-ZIP		13.19 CITY-STATE-ZIP	
12.20 TITLE		13.20 TITLE	
12.21 NAME		13.21 NAME	
12.22 STREET ADDRESS		13.22 STREET ADDRESS	
12.23 CITY-STATE-ZIP		13.23 CITY-STATE-ZIP	
12.24 TITLE		13.24 TITLE	
12.25 NAME		13.25 NAME	
12.26 STREET ADDRESS		13.26 STREET ADDRESS	
12.27 CITY-STATE-ZIP		13.27 CITY-STATE-ZIP	
12.28 TITLE		13.28 TITLE	
12.29 NAME		13.29 NAME	
12.30 STREET ADDRESS		13.30 STREET ADDRESS	
12.31 CITY-STATE-ZIP		13.31 CITY-STATE-ZIP	
12.32 TITLE		13.32 TITLE	
12.33 NAME		13.33 NAME	
12.34 STREET ADDRESS		13.34 STREET ADDRESS	
12.35 CITY-STATE-ZIP		13.35 CITY-STATE-ZIP	
12.36 TITLE		13.36 TITLE	
12.37 NAME		13.37 NAME	
12.38 STREET ADDRESS		13.38 STREET ADDRESS	
12.39 CITY-STATE-ZIP		13.39 CITY-STATE-ZIP	
12.40 TITLE		13.40 TITLE	
12.41 NAME		13.41 NAME	
12.42 STREET ADDRESS		13.42 STREET ADDRESS	
12.43 CITY-STATE-ZIP		13.43 CITY-STATE-ZIP	
12.44 TITLE		13.44 TITLE	
12.45 NAME		13.45 NAME	
12.46 STREET ADDRESS		13.46 STREET ADDRESS	
12.47 CITY-STATE-ZIP		13.47 CITY-STATE-ZIP	
12.48 TITLE		13.48 TITLE	
12.49 NAME		13.49 NAME	
12.50 STREET ADDRESS		13.50 STREET ADDRESS	
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12.60 TITLE		13.60 TITLE	
12.61 NAME		13.61 NAME	
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12.65 NAME		13.65 NAME	
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12.69 NAME		13.69 NAME	
12.70 STREET ADDRESS		13.70 STREET ADDRESS	
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12.73 NAME		13.73 NAME	
12.74 STREET ADDRESS		13.74 STREET ADDRESS	
12.75 CITY-STATE-ZIP		13.75 CITY-STATE-ZIP	
12.76 TITLE		13.76 TITLE	
12.77 NAME		13.77 NAME	
12.78 STREET ADDRESS		13.78 STREET ADDRESS	
12.79 CITY-STATE-ZIP		13.79 CITY-STATE-ZIP	
12.80 TITLE		13.80 TITLE	
12.81 NAME		13.81 NAME	
12.82 STREET ADDRESS		13.82 STREET ADDRESS	
12.83 CITY-STATE-ZIP		13.83 CITY-STATE-ZIP	
12.84 TITLE		13.84 TITLE	
12.85 NAME		13.85 NAME	
12.86 STREET ADDRESS		13.86 STREET ADDRESS	
12.87 CITY-STATE-ZIP		13.87 CITY-STATE-ZIP	
12.88 TITLE		13.88 TITLE	
12.89 NAME		13.89 NAME	
12.90 STREET ADDRESS		13.90 STREET ADDRESS	
12.91 CITY-STATE-ZIP		13.91 CITY-STATE-ZIP	
12.92 TITLE		13.92 TITLE	
12.93 NAME		13.93 NAME	
12.94 STREET ADDRESS		13.94 STREET ADDRESS	
12.95 CITY-STATE-ZIP		13.95 CITY-STATE-ZIP	
12.96 TITLE		13.96 TITLE	
12.97 NAME		13.97 NAME	
12.98 STREET ADDRESS		13.98 STREET ADDRESS	
12.99 CITY-STATE-ZIP		13.99 CITY-STATE-ZIP	
12.100 TITLE		13.100 TITLE	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption status in Section 119.07(3)(d), 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. This 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:

J.T. Petrella M.D.

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***165.00

COPY 1/2/97