TILE NOW, FILING FEE AFTER WAT TIS \$445.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE

Sandra B Morttam

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name P95000090404 (1)

ROBERT J. CIRALDO, M.D., P.A.

								#8 111 8181 188 1
Principal Place of Business Mailing Address ACENT COST								
	REGISTERED AGENT CORP.		C/O KTG&S REGISTERED AGENT CORP.					
100 S.E. 2ND ST., 28TH FL. MIAM FL 33131			100 S.E. 2ND ST., 28TH FL Miami FL 33131		O Data tage and an Original	3a Doto of	(Last Dor	oort
MINM TL 33	M31	WAT SOLIT CO.	MARKET C SOLO		3. Date incorporated or Qualified 11/27/1995	3a. Date of Last Report		
Principal Plac	ce of Business	2a. Mailing Ad	dress		4. FEI Number 06/992	<i>(</i>)		oplied For
]		26			65-061992			ot Applicatie Additional
Suite, Apt. #,	, etc.	Suite, Apt.	. #, etc.		5. Certificate of Status Desired			equired
:l		City & Stat	10		6. Election Campaign Financing		\$5.00	May Be
City & State		28	ie		Trust Fund Contribution			to Fees
700	Country	Zip	С	Country	8. This corporation has liability for i	ntangible tax	under s 1	199.032,
Ζφ I	25	29	30		Florida Statutes 1 Yes	□ No		
<u>'1</u>	9. Name and Address of Curr	rent Registered Ager	nt		10. Name and Address of New R	egistered Ag	gent	
				81 Name				
KTGES	REGISTERED AGENT CORP.	1		82 Street Add	ress (P.O. Box Numitier is Not Acceptab	de)		
	E. 2ND COURT	-						
28TH F				83				
	FL 33131			84 City			85 Zip	Code
						<u>FL</u>	<u></u>	
	a the provisions of Sections 607.05	502 and 607.1508, Flo	orida Statutes, the a	above-named corpo	oration submits this statement for the pur	rpose of chan ointment as re	iging its re eaistered	egistered of∷∈ agent. I am
11. Pursuant to	o trie provisions or occitorio our rot			ne corporation s coa	and the directors. Thereby accept the opp	on the contract of the contrac	J	
Ar ragictors	ad sacat ar bain in the State of Fi	ronda, auch change w	da Statutes.	•				
or registere familiar witt	ed agent, or both, in the State of Fi h, and accept the obligations of, S	ronda, auch change w	ua Statutes.					
or registere familiar witt SIGNATLIBE	ed agent, or both, in the State of Fi h, and accept the obligations of, Si Signature, Sped or princed name of registered as	spent and title if applicable.	(NOTE: Regist	ered Agent signature reckér	ed when reinstating!	DATE	DIRECTOR	RS IN 12
or registere familiar witt SIGNATLIBE	ed agent, or both, in the State of ri h, and accept the obligations of, S Storature, speed or princed name of registered at OFFICERS	Rection 607.0505, Florid agent and title if applicable. AND DIRECTORS	(NOTE Regist	ered Agent signature require		DATE ICERS AND [
or registers familiar with SIGNATURE	ed agent, or both, in the State of Fi th, and accept the obligations of, S Stonature, typed or princed name of registered as OFFICERS	Rondal Such Change will be section 607.0505, Florid significant and Nie if applicable. AND DIRECTORS	(NOTE Regist) 1 DELETE 1.	ered Agent signature require 3. 1 TIFLE	ed when reinstating!	DATE ICERS AND [DIRECTOR Change	RS IN 12
or registers familiar with SIGNATURE	ed agent, or both, in the State of Fi th, and accept the obligations of, S Stonature, typed or princed name of registered as OFFICERS	Rondal Such Change will be section 607.0505, Florid significant and Nie if applicable. AND DIRECTORS	(NOTE Regist) 1 DELETE 1.	ered Agent signature require 3. 1 TITLE 2 NAME	ed when reinstating!	DATE ICERS AND [
or registere familiar with SIGNATURE	ed agent, or both, in the State of Fi th, and accept the obligations of, S Signature, speed or princed name of registered as OFFICERS	rorda. Such change we section 607.0505, Florid	(NOTE Reget	3. 1 TITLE 2 NAME 3 STREET ADDRESS	ed when reinstating!	DATE ICERS AND [
or registere familiar with SIGNATURE	ed agent, or both, in the State of Fi th, and accept the obligations of, S Stonature, typed or princed name of registered as OFFICERS	peri and He if applicable. AND DIRECTORS COLDO M D E # 620 2 3303	(NOTE Regest 1	3. 1 THTE 2 NAME 3 STREET ADDRESS 4 CITY - ST - ZIP	ed when reinstating!	DATE ICERS AND D	Change	Addition
or registere familiar with SHGNATURE	ed agent, or both, in the State of Fi th, and accept the obligations of, S Signature, speed or princed name of registered as OFFICERS	peri and He if applicable. AND DIRECTORS COLDO M D E # 620 2 3303	(NOTE Regist) 1	3. 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY - ST - ZIP 1 TITLE	ed when reinstating!	DATE ICERS AND D		
or registere familiar with SKGNATURE	ed agent, or both, in the State of Fi th, and accept the obligations of, S Signature, speed or princed name of registered as OFFICERS	peri and He if applicable. AND DIRECTORS COLDO M D E # 620 2 3303	(NOTE Regist) 1 DELETE 1. 1 1 DELETE 2 2	3. 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY - ST - ZIP 1 TITLE 2 NAME	ed when reinstating!	DATE ICERS AND D	Change	Addition
or registere familiar with SIGNATURE	ed agent, or both, in the State of Fi th, and accept the obligations of, S Signature, speed or princed name of registered as OFFICERS	peri and He if applicable. AND DIRECTORS COLDO M D E # 620 2 3303	(NOTE Registration 1	as the street appreciation of the street appreci	ed when reinstating!	DATE ICERS AND D	Change	Addition
or registere familiar with SIGNATURE	ed agent, or both, in the State of Fi th, and accept the obligations of, S Signature, speed or princed name of registered as OFFICERS	AND DIRECTORS (Aldo MC 2, #620 1 33(3)	(NOTE Regist) 1 DELETE 1 1 DELETE 2 2 2 2	as treet address as treet address as treet address as treet address a true a true a street address a true a true	ed when reinstating!	DATE ICERS AND I	Change Change	Addition Addition
or registere familiar with SIGNATURE	ed agent, or both, in the State of Fi th, and accept the obligations of, S Signature, speed or princed name of registered as OFFICERS	AND DIRECTORS (Aldo MC 2, #620 1 33(3)	NOTE Registration NOTE Registration NOTE Registration NOTE Registration NOTE Registration NOTE Registration NOTE NOT	and Agent signature requirement Agent signature requirement and a street ADDRESS 4 CITY-ST-ZIP 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 3 TITLE 8 TITLE	ed when reinstating!	DATE ICERS AND I	Change	Addition
OF registere familiar with SIGNATURE	ed agent, or both, in the State of Fi th, and accept the obligations of, S Signature, speed or princed name of registered as OFFICERS	AND DIRECTORS (Aldo MC 2, #620 1 33(3)	NOTE Registration NOTE Registration	acerd Agent signature requests 3. 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP	ed when reinstating!	DATE ICERS AND I	Change Change	Addition Addition
or registere familiar with Signature	ed agent, or both, in the State of Fi th, and accept the obligations of, S Signature, speed or princed name of registered as OFFICERS	AND DIRECTORS (Aldo MC 2, #620 1 33(3)	NOTE Registration 1	as treet address 3. 1 Title 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 12 NAME 13 STREET ADDRESS	ed when reinstating!	DATE ICERS AND I	Change Change	Addition Addition
Or registere familiar with SIGNATURE	ed agent, or both, in the State of Fi th, and accept the obligations of, S Signature, speed or princed name of registered as OFFICERS	Sport and Me If applicable. AND DIRECTORS (Addo MC 2, #620	DELETE 1 DELETE 1 DELETE 2 2 DELETE 3 3 3 3	acerd Agent signature requests 3. 1 TiffLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TIFLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 3 TIFLE 12 NAME 12 NAME 13 STREET ADDRESS 4 CITY-ST-ZIP 3 STREET ADDRESS 4 CITY-ST-ZIP	ed when reinstaling. ADDITIONS/CHANGES TO OFF	DATE	Change Change Change	Addition Addition
Or registere familiar with SIGNATURE	ed agent, or both, in the State of Fi th, and accept the obligations of, S Signature, speed or princed name of registered as OFFICERS	Sport and Me If applicable. AND DIRECTORS (Addo MC 2, #620	NOTE Registration NOTE Registration NOTE Registration NOTE NOT	as treet address 4 city-st-zip 1 title 2 NAME 3 street address 4 city-st-zip 1 title 2 NAME 3 street Address 4 city-st-zip 1 title 12 NAME 13 street Address 4 city-st-zip 1 title 13 street Address 14 city-st-zip 1 title 14 city-st-zip 1 title 15 title 15 title 16 tity-st-zip 1 title	ed when reinstaling. ADDITIONS/CHANGES TO OFF	DATE	Change Change Change	Addition Addition
Or registere familiar with SIGNATURE	ed agent, or both, in the State of Fi th, and accept the obligations of, S Signature, speed or princed name of registered as OFFICERS	Sport and Me If applicable. AND DIRECTORS (Addo MC 2, #620	NOTE Registration 1	as treet address a tritle a street address 4 city-st-zip 1 title 3 street address 4 city-st-zip 1 title 3 street address 4 city-st-zip 1 title 12 NAME 13 street address 14 city-st-zip 1 title 14 nAME 15 nAME 16 nAME 17 nAME 18 nAME 18 nAME 18 nAME 18 nAME	adviron renstating ADDITIONS/CHANGES TO OFF	DATE	Change Change Change	Addition Addition
OF registers familiar with SIGNATURE	ed agent, or both, in the State of Fi th, and accept the obligations of, S Signature, speed or princed name of registered as OFFICERS	Sport and Me If applicable. AND DIRECTORS (Addo MC 2, #620	NOTE Registration 1	acerd Agent signature recker 3. 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 12 NAME 13 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 14 TITLE 15 NAME 16 TITLE 16 TITLE 17 NAME 18 TITLE 18 T	ed when reinstaling. ADDITIONS/CHANGES TO OFF	DATE	Change Change Change	Addition Addition
OF registers familiar with SIGNATURE	ed agent, or both, in the State of Fi th, and accept the obligations of, S Signature, speed or princed name of registered as OFFICERS	Sport and Me If applicable. AND DIRECTORS (Aldo MC 2, #620	NOTE Registration 1	acerd Agent signature requests 3. 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 12 NAME 13 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 14 TITLE 15 NAME 16 STREET ADDRESS 16 CITY-ST-ZIP 1 TITLE 16 NAME 17 STREET ADDRESS 18 CITY-ST-ZIP 18 TITLE 18 STREET ADDRESS 18 CITY-ST-ZIP 18 STREET ADDRESS 18 CITY-ST-ZIP 18 STREET ADDRESS	adviron renstating ADDITIONS/CHANGES TO OFF	ONTE ICERS AND I	Change Change Change	Addition Addition
OF registers familiar with SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE TITLE TITLE TITLE TITLE TITLE TITLE	ed agent, or both, in the State of Fi th, and accept the obligations of, S Signature, speed or princed name of registered as OFFICERS	Sport and Me If applicable. AND DIRECTORS (Aldo MC 2, #620	NOTE Registration 1	and Agent signature recker 3. 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 2 NAME 2 NAME 2 STREET ADDRESS 4 CITY-ST-ZIP 3 TITLE 3 STREET ADDRESS 4 CITY-ST-ZIP 4 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5 TITLE 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5 TITLE 5 TITLE 5 TITLE 6 TITL	adviron renstating ADDITIONS/CHANGES TO OFF	ONTE ICERS AND I	Change Change Change	Addition Addition Addition
OF FEGISTER FAMILIAN SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	ed agent, or both, in the State of Fi th, and accept the obligations of, S Signature, speed or princed name of registered as OFFICERS	Sport and Me If applicable. AND DIRECTORS (Aldo MC 2, #620	NOTE Registration 1	and Agent signature recker 3. 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 12 NAME 13 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 4 NAME 4.3 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4 CITY-ST-ZIP 5 1 TITLE 5 2 NAME 5 1 NAME 5 1 NAME 5 1 NAME 5 1 NAME	adviron renstating ADDITIONS/CHANGES TO OFF	ONTE ICERS AND I	Change Change Change	Addition Addition Addition
OF registers familiar with SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE TITLE TITLE TITLE TITLE TITLE TITLE	ed agent, or both, in the State of Fi th, and accept the obligations of, S Signature, speed or princed name of registered as OFFICERS	Sport and Me If applicable. AND DIRECTORS (Aldo MC 2, #620	NOTE Registration 1	and Agent signature recker 3. 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 8 TITLE 12 NAME 13 STREET ADDRESS 4 CITY-ST-ZIP 8 TITLE 4 ALTY-ST-ZIP 8 TITLE 4 ALTY-ST-ZIP 8 TITLE 4 ALTY-ST-ZIP 8 TITLE 5 ALTY-ST-ZIP 8 TITLE 6 ALTY-ST-ZIP 8 TIT	adviron renstating ADDITIONS/CHANGES TO OFF	ONTE ICERS AND I	Change Change Change	Addition Addition Addition
OF FEGISTER FAMILIAN SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	ed agent, or both, in the State of Fi th, and accept the obligations of, S Signature, speed or princed name of registered as OFFICERS	rorda Sucr Oralinge we section 607.0505, Florid spen and Hie II applicable. AND DIRECTORS CALCO MD C. #620	NOTE Registration 1	ered Agent signature recker 3. 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 2 NAME 2 NAME 2 NAME 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 3 TITLE 4 NAME 4 CITY-ST-ZIP 4 TITLE 4.2 NAME 4.3 STREET ADDRESS 4 CITY-ST-ZIP 5 TITLE 5 NAME 5 STREET ADDRESS 5 CONTY-ST-ZIP 5 TITLE 5 NAME 5 STREET ADDRESS	adviron renstating ADDITIONS/CHANGES TO OFF	CERS AND C	Change Change Change	Addition Addition Addition
OF registers familiar with SIGNATURE	ed agent, or both, in the State of Fi th, and accept the obligations of, S Signature, speed or princed name of registered as OFFICERS	rorda Sucr Oralinge we section 607.0505, Florid spen and Hie II applicable. AND DIRECTORS CALCO MD C. #620	## (NOTE: Registrers) NOTE: Registrers) 1	and Agent signature recker 3. 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 8 TITLE 12 NAME 13 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 4 ALTY-ST-ZIP 1 TITLE 4 ALTY-ST-ZIP 5 TITLE	adviron renstating ADDITIONS/CHANGES TO OFF	CERS AND C	Change Change Change Change Change Change	Addition Addition Addition Addition
OF registers familiar with SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TITLE NAME TITLE NAME TITLE NAME	ed agent, or both, in the State of Fi th, and accept the obligations of, S Signature, speed or princed name of registered as OFFICERS	rorda Sucr Oralinge we section 607.0505, Florid spen and Hie II applicable. AND DIRECTORS CALCO MD C. #620	NOTE Registres 1	ered Agent signature recker 3. 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 8 TITLE 12 NAME 13 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 4 NAME 4 CITY-ST-ZIP 5 TITLE 4 NAME 5 STREET ADDRESS 4 CITY-ST-ZIP 5 TITLE 5 STREET ADDRESS 5 CITY-ST-ZIP 5 TITLE 5 STREET ADDRESS 5 STREET ADDRESS 5 CITY-ST-ZIP 6 TITLE 6 TITLE 6 TITLE 6 TITLE	adviron renstating ADDITIONS/CHANGES TO OFF	CERS AND C	Change Change Change Change Change Change	Addition Addition Addition Addition
OF registers familiar with SIGNATURE	ed agent, or both, in the State of Fi th, and accept the obligations of, S Signature, speed or princed name of registered as OFFICERS	rorda Sucr Oralinge we section 607.0505, Florid spen and Hie II applicable. AND DIRECTORS CALCO MD C. #620	NOTE Registre 1	and Agent signature recker 3. 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 8 TITLE 12 NAME 13 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 4 ALTY-ST-ZIP 1 TITLE 4 ALTY-ST-ZIP 5 TITLE	adviron renstating ADDITIONS/CHANGES TO OFF	CERS AND C	Change Change Change Change Change Change	Addition Addition Addition Addition