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Mar 03 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000090404 (1)

1. Corporation Name
ROBERT J. CIRALDO, M.D., P.A.



Principal Place of Business

C/O KTG&S REGISTERED AGENT CORP.
100 S.E. 2ND ST., 28TH FL.
MIAMI FL 33131

Mailing Address

C/O KTG&S REGISTERED AGENT CORP.
100 S.E. 2ND ST., 28TH FL.
MIAMI FL 33131-2100

3. Date Incorporated or Qualified
11/27/1995

3a. Date of Last Report
04/14/1996

2. Principal Place of Business

21 ROBERT J. CIRALDO, M.D.
Suite, Apt. #, etc.

22 1730 WEST 23RD STREET
City & State

23 MIAMI BEACH FLORIDA

24 33140 Zip Country
25 USA

2a. Mailing Address

26 ROBERT J. CIRALDO, M.D.
Suite, Apt. #, etc.

27 1730 WEST 23RD STREET
City & State

28 MIAMI BEACH, FL

29 33140 Zip Country
30 USA

4. FEI Number
65-0619920

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

KTG&S REGISTERED AGENT CORP.
100 S.E. 2ND COURT
28TH FLOOR
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name ROBERT J. CIRALDO, M.D.

82 Street Address (P.O. Box Number is Not Acceptable)
1730 WEST 23RD STREET

83

84 City MIAMI BEACH FL 85 Zip Code 33140

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

(Type or print name of registered agent and title, if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

PRESIDENT 2/25/97

12. OFFICERS AND DIRECTORS

TITLE DPST
NAME CIRALDO, ROBERT J M.D.
STREET ADDRESS 1150 N. 35 AVE, #620
CITY-ST-ZIP HOLLYWOOD FL 33021

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DPST
1.2 NAME ROBERT J. CIRALDO, M.D.
1.3 STREET ADDRESS 1730 WEST 23RD STREET
1.4 CITY-ST-ZIP MIAMI BEACH, FLORIDA 33140

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/25/97 3056728441

CR2E034 (9/96)