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**PROFIT** CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000011651 (2)

## **FILED** Apr 21 1998 8:00am Secretary of State

PHILIP	MARCIANO, M.D., P.A.								
Principal Place	of Business	Mailing Address				I INDICENT IND EATING BOILE OF ILL OF	iii 09101 (100)	(1319 81131 3111	JI 1181 1981
9975 TAMIAMI TRAIL N		9975 TAMIAMI TRAIL N	9975 TAMIAMI TRAIL N						
4 Naples FL 34108		A NADICO EL 24100	4 NAPLES FL 34108			DO NOT WRITE	IN THIS S	PACE	
US		US			3. Date Incorporated or Qualified				
						01/30/1996			
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number		☐ ]A <u>r</u>	plied For
21		26				65-0650600		No	t Applicable
Suite, Apt.	#, etc	Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75 A	
City & State		City & State				6. Election Campaign Financing		\$5.00	May Be
23		28				Trust Fund Contribution		Added t	•
Zıp	Country	Zıp	Coi	untry		8. This corporation owes or has pa	id the curr		
24	25	29	30			Personal Property Tax due June			No
	9. Name and Address of Curren	t Registered Agent		1		10. Name and Address of New Re	gistered /	gent	
	odman, Kenneth D			B1	Name				j
5551 RIDGEWOOD DR				82 Street Address (P.O. Box Number is Not Acceptable)					
405						<u>,</u>			
NAI	PLES FL 34108			83					
				84	City		<b>—</b> .	85 Zip (	Code
44 0	- Managed Line of Continue CO7 OCO	0 and CO7 4500 Florida Class	.to- 45 - 5	Ĺ			FL	<u> </u>	a seculate sed
office or re	o the provisions of Sections 607.050: ogistered agent, or both, in the State	of Florida. Such change was	utes, the a s authorize	d by	-named cor the corpora	poration submits this statement for the pation's board of directors. I hereby acce	ourpose or pt the app	cnanging it sintment as	registered
agent. I ai	n familiar with, and accept the obliga	ations of, Section 607.0505, f	Florida Sta	tutes.					
SIGNATURE	Signature, typed or printed name of registered age	co and tille if apply able. (N	116 : Bogietare	d Agen	nt elongluse regu	alred when reinstating)	DATE		
12.	OFFICERS ANI		13.		ii sigriaiu e rede	ADDITIONS/CHANGES TO OFFIC		DIRECTOR	S IN 12
TITLE	D	☐ DELETE	1.1 T					Change	Addition
NAME	MARCIANO, PHILIP		1.2 N	AME	ľ				
STREET ADDRESS	9975 TAMIAMI TRAIL N 4		1.3 \$	TREET A	ADDRESS				}
CITY-ST-ZIP	NAPLES FL		1.4 0	ITY-ST	r-ZIP				18
TITLE	D 、	DELETE	211	ITLE				Change	Addition
NAME	y <del>erohe</del> se, alexia		2.2 NAME		44.				
STREET ADDRESS				AME	<b>T</b>	FRGHESE ALEXTA			
CITY-ST-ZIP					ADDRESS	erghese, Alexsa			
	NAPLES FL		23S 2.40	TREET A	ADDRESS	erghese, Alexaa			
TITLE	NAPLES PL	[_] DELETE	235	TREET A	ADDRESS	erghese, Alexaa		Change	Addition
NAME	NAPLES PL	L DELETE	23 S 2. 4 ( 3.1 T 3.2 N	TREET A DITY-ST ITLE IAME	ADDRESS T-ZIP	erghese, Alexaa		Change	Addition
1	NAPLES FL	L] DELETE	23 S 2.4 ( 3.1 T 3.2 N 33 S	TREET A DITY-ST ITLE IAME	ADDRESS 1-ZIP ADDRESS	ershese, Alexsa		Change	Addition
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NAME STREET ADDRESS CITY-ST-ZIP TITLE	NAPLES FL	☐ DELETE	23S 2.4( 3.1T 32N 33S 34.C 4.1T 4.2F 4.3S 4.4C 5.1T 5.2N 5.3S 5.4C 6.1T	TREET A  CITY-SI  ITLE  IAME  STREET A  STREET A  TREET A	ADDRESS 1 - ZIP  ADDRESS 1 - ZIP  ADDRESS 1 - ZIP  ADDRESS 1 - ZIP	erghese, Alexaa		Change	Addition
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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 an an attachment with an address.

SIGNATURE: