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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katharine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000057825

1. Corporation Name

GIOVANNI CAMPANILE, M.D., P.A.

Principal Place of Business
901 MEADOWS ROAD, SUITE A
BOCA RATON FL 33486

Mailing Address
901 MEADOWS ROAD, SUITE A
BOCA RATON FL 33486

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/30/1997

4. FEI Number

65-0764412

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

8. This corporation owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

CAMPANILE, GIOVANNI M.D.
901 MEADOWS ROAD, SUITE A
BOCA RATON FL 33486

10. Name and Address of New Registered Agent

81 Name Giovanni Campanile MD
82 Street Address (P.O. Box Number is Not Acceptable)
2300 Glades Road, Suite 201
83
84 City Boca Raton FL 85 Zip Code 33431

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 
Signature, typed or printed name of registered agent and title if applicable.

GIOVANNI CAMPANILE MD

DATE 3/25/99

12. OFFICERS AND DIRECTORS ☐ DELETE

TITLE P
NAME CAMPANILE, GIOVANNI M
STREET ADDRESS 901 MEADOWS RD, STE A
CITY-ST-ZIP BOCA RATON FL 33486

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
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CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 2300 Glades Road, Suite 201
1.4 CITY-ST-ZIP Boca Raton, FL 33431

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 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, with all other like empowered.

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE 3/25/99 (561)
Daytime Phone # 338-8884

CR2E034:1/1/98