

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **S67371** (2)

1. Corporation Name

**ANTHONY CAMPO, M.D., P.A.**



Principal Place of Business

**2240 PALM BEACH LAKES BLVD.  
SUITE 103  
WEST PALM BEACH FL 33409**

Mailing Address

**2240 PALM BEACH LAKES BLVD.  
SUITE 325  
WEST PALM BEACH FL 33409  
US**

3. Date Incorporated or Qualified  
**07/18/1991**

3a. Date of Last Report  
**05/01/1995**

2. Principal Place of Business

21 **5458 TOWN CENTER ROAD**

2a. Mailing Address

26 **5458 TOWN CENTER RD**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **Suite 103**

27 **Suite 103**

City & State

City & State

23 **BOCA RATON, FL**

28 **BOCA RATON FL**

Zip

Country

Zip

Country

24 **33486**

25 **USA**

29 **33486**

30 **USA**

4. FEI Number

**65-0281363**

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

9. Name and Address of Current Registered Agent

**CORPORATION INFORMATION SERVICES, INC.  
1201 HAYES STREET  
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81 Name **ANTHONY CAMPO, M.D.**

82 Street Address (P.O. Box Number is Not Acceptable)

**5458 TOWN CENTER ROAD**

83 **Suite 103**

84 City **BOCA RATON**

FL

85 Zip Code **33486**

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 **CORPORATION INFO SYSTEMS, Inc.**

**Anthony Campo M.D.**

**1-22-96**

DATE

12. OFFICERS AND DIRECTORS

TITLE **P**  
NAME **CAMPO, ANTHONY M.D.**  
STREET ADDRESS **2240 PALM BEACH LAKES SUITE 325**  
CITY-ST-ZIP **W PALM BCH FL**

☒ DELETE  
error

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
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CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE ☒ Change ☐ Addition

12 NAME **P ANTHONY CAMPO, M.D.**  
13 STREET ADDRESS **5458 TOWN CENTER Rd, Suite 103**  
14 CITY-ST-ZIP **BOCA RATON, FL 33486**

2 1 TITLE ☐ Change ☐ Addition

22 NAME  
23 STREET ADDRESS  
24 CITY-ST-ZIP

3 1 TITLE ☐ Change ☐ Addition

32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP

4 1 TITLE ☐ Change ☐ Addition

42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

5 1 TITLE ☐ Change ☐ Addition

52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

6 1 TITLE ☐ Change ☐ Addition

62 NAME  
63 STREET ADDRESS  
64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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

**Anthony Campo**

**1-22-96 407-394-4200**

CR2E034 (12/95)