

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **S81147**

**(8)**

1. Corporation Name

**RICHARD D. MARTELLO, M.D., P.A.**



Principal Place of Business

1480 PARKSIDE CIR S  
BOCA RATON FL 33486

Mailing Address

1480 PARKSIDE CIR S  
BOCA RATON FL 33486

2. Principal Place of Business

2a. Mailing Address

21. State, April 1, 96

26. City, April 1, 96

22. City & State

27. City & State

23. Zip

Country

28. Zip

Country

9. Name and Address of Current Registered Agent

**MARTELLO, RICHARD D.  
1480 PARKSIDE CIRCLE SOUTH  
BOCA RATON FL 33486**

3. Date Incorporated or Qualified

**09/18/1991**

3a. Date of Last Report

**05/01/1995**

4. FEI Number

**65-0285452**

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

10. Name and Address of New Registered Agent

81. Name

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

83.

84. City

**FL**

85. Zip Code

11. I, the undersigned, being duly sworn, certify that 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 607.07(3)(b), Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

1. TITLE	<b>D</b>	<input type="checkbox"/> DELETE
2. NAME	<b>MARTELLO, RICHARD D.</b>	
3. STREET ADDRESS	<b>1480 PARKSIDE CIR S</b>	
4. CITY, STATE	<b>BOCA RATON FL</b>	
5. TITLE	<b>D</b>	<input type="checkbox"/> DELETE
6. NAME	<b>MARTELLO, RICHARD D.</b>	
7. STREET ADDRESS	<b>1480 PARKSIDE CIR S</b>	
8. CITY, STATE	<b>BOCA RATON FL</b>	
9. TITLE		<input type="checkbox"/> DELETE
10. NAME		
11. STREET ADDRESS		
12. CITY, STATE		
13. TITLE		<input type="checkbox"/> DELETE
14. NAME		
15. STREET ADDRESS		
16. CITY, STATE		
17. TITLE		<input type="checkbox"/> DELETE
18. NAME		
19. STREET ADDRESS		
20. CITY, STATE		

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, STATE	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
7. STREET ADDRESS	
8. CITY, STATE	
9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, STATE	
13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	
15. STREET ADDRESS	
16. CITY, STATE	
17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME	
19. STREET ADDRESS	
20. CITY, STATE	

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 included 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 or assignee to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Book 12 or Book 13 of change of or certain information with an address.

SIGNATURE: *Richard D Martello, MD* **RICHARD D MARTELLO** 1/16/96 907-495-3172

CR2E034 (12/95)