

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **S90504** (9)

1. Corporation Name  
**RAMON C. TOSCANO, M.D., P.A.**



Principal Place of Business

**6105 MEMORIAL HWY  
STE M  
TAMPA FL 33615  
US**

Mailing Address

**3950 N 3RD ST  
ST PETERSBURG FL 33703  
US**

3. Date Incorporated or Qualified <b>10/24/1991</b>	3a. Date of Last Report <b>05/01/1995</b>
4. FLE Number <b>59-3090936</b>	Applied For Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. <b>2857 Executive Dr.</b>
22. City & State	27. <b>Suite 120</b>
23. Zip	28. <b>Clearwater FL</b>
24. Country	29. <b>34622</b>
25. Country	30. Country

9. Name and Address of Current Registered Agent

**TOSCANO, RAMON C.  
6105 MEMORIAL HWY  
STE M  
TAMPA FL 33615**

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. State	<b>FL</b>
85. Zip Code	

11. Pursuant to the provisions of Sections 607.0102 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. Thereby accept the appointment as registered agent. I am familiar with, and I accept the obligations of, Sections 607.0102, Florida Statutes.

SIGNATURE *Ramon C. Toscano*

DATE **2/20/96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE	<b>PSTD</b>	1. TITLE	
NAME	<b>TOSCANO, RAMON C.</b>	2. NAME	
STREET ADDRESS	<b>16920 CANDELEDA DEAVILA</b>	3. STREET ADDRESS	
CITY, ST, ZIP	<b>TAMPA FL</b>	4. CITY, ST, ZIP	
TITLE		5. TITLE	
NAME		6. NAME	
STREET ADDRESS		7. STREET ADDRESS	
CITY, ST, ZIP		8. CITY, ST, ZIP	
TITLE		9. TITLE	
NAME		10. NAME	
STREET ADDRESS		11. STREET ADDRESS	
CITY, ST, ZIP		12. CITY, ST, ZIP	
TITLE		13. TITLE	
NAME		14. NAME	
STREET ADDRESS		15. STREET ADDRESS	
CITY, ST, ZIP		16. CITY, ST, ZIP	
TITLE		17. TITLE	
NAME		18. NAME	
STREET ADDRESS		19. STREET ADDRESS	
CITY, ST, ZIP		20. 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 19.07(3)(k), Florida Statutes. I further certify that the information and data on this filing, 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 person authorized to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if change I or on an attached list with an address.

SIGNATURE: *Ramon C. Toscano*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **2/20/96** (813) 8856044

DATE OF FILING

CR2E034 (12/95)