

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

PROFIT
CORPORATION
ANNUAL REPORT



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

1996 3.14.96

B-2245

C

FILED

Mar 14 1996 8:00 am
Secretary of State

DOCUMENT # V17850

(1)

1. Corporation Name

CHRISTY D. CUGINI, JR., M.D., P.A.

Principal Place of Business

Mailing Address

~~3443 TAMMAMITRAIL~~ 2525 Harbor Blvd
SUITE A Suite 104A
PORT CHARLOTTE FL 33952

~~3443 TAMMAMITRAIL~~ 2525 Harbor Blvd.
SUITE A Suite 104A
PORT CHARLOTTE FL 33952

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GASSMAN, ALAN S.
1245 COURT STREET
SUITE 102
CLEARWATER FL 34616

81 Name

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

83

84 City

FL

85 Zip Code

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

(Note: Registered Agent Signature required when reappointing)

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

D

DELETE

1.1 TITLE

Change

Addition

NAME

CUGINI, CHRISTY D.

STREET ADDRESS

~~3443 TAMMAMITRAIL~~ 2525 Harbor Blvd

CITY - ST - ZIP

PORT CHARLOTTE FL 33952 Suite 104A

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

TITLE

DELETE

2.1 TITLE

Change

Addition

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

DELETE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

DELETE

3.1 TITLE

Change

Addition

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

DELETE

4.1 TITLE

Change

Addition

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

DELETE

5.1 TITLE

Change

Addition

NAME

STREET ADDRESS

CITY - ST - ZIP

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 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

3/11/96

PH-629-4484

CR2E034 (12/95)