FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY 11 AM 10:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V55358** **(8)**

1. Corporate Name
DAVID G. CISLO, D.O., P.A.

Principal Place of Business	Mailing Address
12749 S TAMIAMI TRAIL NORTH PORT FL 34287	12749 S TAMIAMI TRAIL NORTH PORT FL 34287

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **08/05/1992**	3a. Date of Last Report: **03/21/1994**
4. FEI Number: **65-0356703**	☐ 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 [illegible] for [illegible] Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip 25 County	29 Zip 30 County

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CISLO, DAVID G 12749 S TAMIAMI TRAIL NORTH PORT FL 34287	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 607.0505 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 [illegible]

12. OFFICERS AND DIRECTORS	13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12
11 TITLE: PST 12 NAME: CISLO, DAVID G 13 STREET ADDRESS: 12749 S TAMIAMI TRAIL 14 CITY ST ZIP: NORTH PORT FL	11 TITLE ☐ Change ☐ Addition 12 NAME 13 STREET ADDRESS 14 CITY ST ZIP
21 TITLE: VP 22 NAME: GUTIERREZ, ROBERT F 23 STREET ADDRESS: 12749 S TAMIAMI TRAIL 24 CITY ST ZIP: NORTH PORT FL	21 TITLE ☐ Change ☐ Addition 22 NAME 23 STREET ADDRESS 24 CITY ST ZIP
31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY ST ZIP	31 TITLE ☐ Change ☐ Addition 32 NAME 33 STREET ADDRESS 34 CITY ST ZIP
41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY ST ZIP	41 TITLE ☐ Change ☐ Addition 42 NAME 43 STREET ADDRESS 44 CITY ST ZIP
51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY ST ZIP	51 TITLE ☐ Change ☐ Addition 52 NAME 53 STREET ADDRESS 54 CITY ST ZIP
61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY ST ZIP	61 TITLE ☐ Change ☐ Addition 62 NAME 63 STREET ADDRESS 64 CITY ST ZIP

14. I declare I certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemptions 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 with an address.

SIGNATURE: [signature] Date

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

0350304 CP