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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 29 PM 7:08

DOCUMENT # V70988 (3)

1. Corporation Name
RAUL REVELLO, M.D., P.A.

Principal Place of Business
~~8204 W. WATERS AVE.~~
~~TAMPA FL 33615~~

Mailing Address
~~8204 W. WATERS AVE.~~
~~TAMPA FL 33615~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/09/1992
3a. Date of Last Report: 04/04/1994

2. Principal Place of Business
21 7520 W. Waters Ave.
Suite, Apt. #, etc
22 Suite #2
City & State
23 Tampa Fl
Zip
24 33615
Country
25 Hills

2a. Mailing Address
26 7520 W. WatersAve
Suite, Apt. #, etc
27 Suite #2
City & State
28 Tampa Fl
Zip
29 33615
Country
30 Hills

4. FEI Number: 59-3146490 ☐ 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

REVELLO, RAUL
~~8204 W. WATERS AVE.~~
~~TAMPA FL 33615~~

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 7520 W. Waters Ave.
83 Suite #2
84 City Tampa FL
85 Zip Code 33615

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 ______________________ NOTE: Registered Agent signature required when reinstating ______ DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1 1 TITLE	☒ Change ☐ Addition
NAME	REVELLO, RAUL MD	1 2 NAME	
STREET ADDRESS	8204 W. WATERS AVE #300	1 3 STREET ADDRESS	7520 W. Waters Ave. Suite #2
CITY ST ZIP	TAMPA FL	1 4 CITY ST ZIP	Tampa, Fl. 33615
TITLE		2 1 TITLE	☐ Change ☐ Addition
NAME		2 2 NAME	
STREET ADDRESS		2 3 STREET ADDRESS	
CITY ST ZIP		2 4 CITY ST ZIP	
TITLE		3 1 TITLE	☐ Change ☐ Addition
NAME		3 2 NAME	
STREET ADDRESS		3 3 STREET ADDRESS	
CITY ST ZIP		3 4 CITY ST ZIP	
TITLE		4 1 TITLE	☐ Change ☐ Addition
NAME		4 2 NAME	
STREET ADDRESS		4 3 STREET ADDRESS	
CITY ST ZIP		4 4 CITY ST ZIP	
TITLE		5 1 TITLE	☐ Change ☐ Addition
NAME		5 2 NAME	
STREET ADDRESS		5 3 STREET ADDRESS	
CITY ST ZIP		5 4 CITY ST ZIP	
TITLE		6 1 TITLE	☐ Change ☐ Addition
NAME		6 2 NAME	
STREET ADDRESS		6 3 STREET ADDRESS	
CITY ST ZIP		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: Revello M.D. Raul Revello, MD 3/20/95 (813) 888-8215
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #