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Jan 27 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # **G56861** (9)  
1. Corporation Name  
**CAANGAY & SULTAN NEONATOLOGY ASSOCIATES, P.A.**



Principal Place of Business Mailing Address  
**% DEOGRACIAS L. CAANGAY, M.D.**  
**9981 HEALTHPARK CR #281**  
**FORT MYERS FL 33908**

3. Date Incorporated or Qualified **07/26/1983** 3a. Date of Last Report **03/27/1996**  
4. FEI Number **59-2316715** 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

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

9. Name and Address of Current Registered Agent

**CAANGAY, DEOGRACIAS L., M.D.**  
**9981 HEALTHPARK CR #281**  
**FT. MYERS FL 33908**

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. 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 \_\_\_\_\_ DATE \_\_\_\_\_  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS  
TITLE **P** ☐ DELETE  
NAME **CAANGAY, DEOGRACIAS L.**  
STREET ADDRESS **3790 HIDDEN ACRES CIR.**  
CITY-ST-ZIP **N. FT. MYERS FL**  
TITLE **VST** ☐ DELETE  
NAME **SULTAN, SHAHD**  
STREET ADDRESS **9018 LIGON CT**  
CITY-ST-ZIP **FT MYERS, FL 00000**  
TITLE **D** ☐ DELETE  
NAME **LIN, WILLIAM F**  
STREET ADDRESS **9909 LIGON CT**  
CITY-ST-ZIP **FT MYERS FL 33908**  
TITLE **D** ☐ DELETE  
NAME **FAISEL, MOHAMES M**  
STREET ADDRESS **4400 WILDER RD**  
CITY-ST-ZIP **NAPLES FL 33942**  
TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
5.1 TITLE ☐ Change ☐ Addition  
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 does not qualify for the exemption 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 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-16-97 9/11 432 3615  
Date Daytime Phone #

CR2E034 (9/96)