

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 23, 1999 8:00 am
Secretary of State

02-23-1999 90102 031 ***150.00

DOCUMENT # G56861

1. Corporation Name

CAANGAY & SULTAN NEONATOLOGY ASSOCIATES, P.A.



DO NOT WRITE IN THIS SPACE

Principal Place of Business

% DEOGRACIAS L. CAANGAY, M.D.
9981 HEALTHPARK CR #281
FORT MYERS FL 33908

Mailing Address

% DEOGRACIAS L. CAANGAY, M.D.
9981 HEALTHPARK CR #281
FORT MYERS FL 33908

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

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

81

Name

82

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

83

84

City

FL

85

Zip Code

3. Date Incorporated or Qualified

07/26/1983

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 owes the current year Intangible
Personal Property Tax.

☒ Yes

☐ No

10. Name and Address of New Registered Agent

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
P
CAANGAY, DEOGRACIAS L.
STREET ADDRESS
3790 HIDDEN ACRES CIR.
CITY-ST-ZIP
N. FT. MYERS FL 33903

TITLE ☐ DELETE

NAME
VST
SULTAN, SHAHID
STREET ADDRESS
58 TIMBERLAND CIRCLE
CITY-ST-ZIP
FT. MYERS FL 33919

TITLE ☐ DELETE

NAME
D
LIU, WILLIAM F
STREET ADDRESS
9909 LIGON CT
CITY-ST-ZIP
FT MYERS FL 33908

TITLE ☐ DELETE

NAME
D
FAISAL, MOHAMED M
STREET ADDRESS
4400 WILDER RD
CITY-ST-ZIP
NAPLES FL 34105

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

3970 Hidden Acres Cir.

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

9009 Ligon Ct.

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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan. 7, 1999 (941)432-3645

Date

Daytime Phone #

CR2E034 (1/98)