FILE NOW: FILING FEE AFTER MAY 1 IS $2 .00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **F70347** **(2)**

1. Corporation Name

IMBRIALE & CALABRESE, D.D.S., P.A.

Principal Place of Business

961 UNIVERSITY DR
CORAL SPRINGS FL 33071
US

Mailing Address

961 UNIVERSITY DR
CORAL SPRINGS FL 33071
US

3. Date Incorporated or Qualified: **03/09/1982**

3a. Date of Last Report: **03/31/1995**

4. FEI Number: **59-2185859** ☐ 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

21 Street, Apt. #, etc.

22 City & State

23 Zip 24 Country 25

2a. Mailing Address

26 Street, Apt. #, etc.

27 City & State

28 Zip 29 Country 30

9. Name and Address of Current Registered Agent

IMBRIALE, JOSEPH M DDS
961 UNIVERSITY DR
CORAL SPRINGS, FL
33071

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 Section 607.0505 or 617.1905, Florida Statutes, the corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. The said change(s) 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

12. OFFICERS AND DIRECTORS

TITLE	VSD	☐ DELETE
NAME	CALABRESE, RICHARD M	
STREET ADDRESS	1705 VESTAL DRIVE	
CITY-ST-ZIP	CORAL SPRINGS, FL 00000	
TITLE	PTD	☐ DELETE
NAME	IMBRIALE, JOSEPH M	
STREET ADDRESS	3740 NE 27TH AVE	
CITY-ST-ZIP	LIGHTHOUSE PT. FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

CR2E034 (12/95)

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)(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 attached sheet with an address.

SIGNATURE: Richard M Calabrese 4-2-96 954-753-1600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Telephone Number

CR