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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **F70347**

1. Corporation Name

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

Principal Place of Business Mailing Address						III III DIBII II	i li dibil dibil	OLDIN BADA INGA
961 UNIVERSITY DR		961 UNIVERSITY DR						
CORAL SPRINGS FL 33071 CORAL SPRINGS FL 330			l					
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					3. Date Incorporated or Qualifed			
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_ '	Place of Business	2a. Mailing Address			4, FEI Number			oplied For
Suite, Apt.	# etc	26 Suite, Apt. #, etc.			59-2185859			ot Applicable
···	. #, etc.				5. Certifcate of Status Desired		•	Additional equired
City & State		City & State					·i	
23		28		Election Campaign Financing Trust Fund Contribution		-	May Be to Fees	
Zip	Country	Zip	Country					lo rees
24	25	_ _	30		 This corporation owes the cur Personal Property Tax. 	rent year inta	Yes	□No
	9. Name and Address of Curre		[30]		10. Name and Address of New	Registered A		
			81	Name	10	togiotorea r	-90111	
IMB	RIALE, JOSEPH M DDS		<u></u>		* ·			
961 UNIVERSITY DR			82	Street Ac	Street Address (P.O. Box Number is Not Acceptable)		•	
CORAL SPRINGS, FL			83			7 14 6 7 7 7	ertigeer black i Gid Skrijge	1 7. 691 1 (42) 1 7 7 697 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
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			84	City			85 Zip (Code
44 Purcuent	to the provisions of Sections 607.05	02 and 607 1509. Elocida Statuta	a the chair		prporation submits this statement for the	<u> </u>		
office or r	registered agent, or both, in the State	e of Florida. Such change was au	ss, tile above athorized by	the comors	ation's board of directors. I hereby acce	purpose of c pt the appoin	manging its tment as re	gistered
			saloneca by	tire corpora				
. agent. i a	am ramiliar with, and accept the oblig	ations of, Section 607.0505, Flor	rida Statutes	· ·	, -			· 1
SIGNATURE		gations of, Section 607.0505, Flor	rida Statutes	•	·			
SIGNATURE	Signature, typed or printed name of registered ag	gations of, Section 607.0505, Flor	rida Statutes Registered Agen	•	uired when reinstating)	DATE	DIDECTO	
SIGNATURE	Signature, typed or printed name of registered ag	partions of, Section 607.0505, Flor pent and title if applicable. (NOTE: ND DIRECTORS	Registered Agen	•	·			
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SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered ag OFFICERS A VSD CALABRESE, RICHARD M	partions of, Section 607.0505, Flor pent and title if applicable. (NOTE: ND DIRECTORS	Registered Agen 13. 1.1 TITLE 1.2 NAME	It signature requ	uired when reinstating)			
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SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered ag OFFICERS A VSD CALABRESE, RICHARD M 1705 VESTAL DRIVE CORAL SPRINGS, FL 00000	pations of, Section 607.0505, Flor pent and title if applicable. (NOTE: ND DIRECTORS	Registered Agen 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S	at signature requ	uired when reinstating)		☐ Change	☐ Addition
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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.

6.4 CITY-ST-ZIP

SIGNATURE:

FILED

Feb 16, 1999 8:00am

Secretary of State

02-16-1999 90017 002 ***150.00