

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **V04168** (3)

1. Corporation Name
GENNARO SAGLIOCCA, M.D., P.A.



Principal Place of Business: **927 45TH ST. SUITE 206 WEST PALM BEACH FL 33407**
Mailing Address: **927 45TH ST. SUITE 206 WEST PALM BEACH FL 33407**

3. Date Incorporated or Qualified: **01/06/1992**
3a. Date of Last Report: **04/07/1995**
4. FEI Number: **65-0263725** 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
2a. Mailing Address: 26
22: Suite, Apt. #, etc. 27: Suite, Apt. #, etc.
23: City & State: 28: City & State
24: Zip: 25: Country 29: Zip: 30: Country

9. Name and Address of Current Registered Agent: **SAGLIOCCA, GENNARO 927 45TH ST. SUITE 206 WEST PALM BEACH FL 33407**
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 607.1506, 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: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PDVT	SAGLIOCCA, GENNARO M.D. <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: SAGLIOCCA, GENNARO M.D.		12. NAME	
STREET ADDRESS: 927 45TH ST. SUITE 206		13. STREET ADDRESS	
CITY-STATE-ZIP: WEST PALM BEACH FL 33407		14. CITY-STATE-ZIP	
TITLE: CSM	SAGLIOCCA, GENNARO M.D. <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: SAGLIOCCA, GENNARO M.D.		22. NAME	
STREET ADDRESS: 927 45TH ST. SUITE 206		23. STREET ADDRESS	
CITY-STATE-ZIP: WEST PALM BEACH FL 33407		24. CITY-STATE-ZIP	
TITLE:	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		32. NAME	
STREET ADDRESS:		33. STREET ADDRESS	
CITY-STATE-ZIP:		34. CITY-STATE-ZIP	
TITLE:	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		42. NAME	
STREET ADDRESS:		43. STREET ADDRESS	
CITY-STATE-ZIP:		44. CITY-STATE-ZIP	
TITLE:	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		52. NAME	
STREET ADDRESS:		53. STREET ADDRESS	
CITY-STATE-ZIP:		54. CITY-STATE-ZIP	
TITLE:	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		62. NAME	
STREET ADDRESS:		63. STREET ADDRESS	
CITY-STATE-ZIP:		64. CITY-STATE-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, on an attachment with an address.

SIGNATURE: _____ DATE: **2/22/96** 845-2680
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **AA pres.** 407-845-2637 Fax

CR2E034 (12/95)