Applied For

\$8.75 Additional

Not Applicable

## 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

## DOCUMENT # **V55693**

2. Principal Place of Business

Suite, Apt. #, etc.

GLAUCO MENNA, M.D., P.A.

Principal Place of Business	Mailing Address	
808 JOHN STREET ORLANDO FL 32808	808 JOHN STREET ORLANDO FL 32808	

2a. Mailing Address

Suite, Apt. #, etc.

## FILED May 07, 1999 8:00 am Secretary of State

05-07-1999 90068 049 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

08/03/1992 4. FEI Number

59-3136053

Suite, Apt.	#, etc.	27	ite, Apt. #, etc.				5. Certifcate of Status Desired		Fee Rec		
City & State	е	Cit	ty & State				Election Campaign Financing Trust Fund Contribution		\$5.00 A Added to		
23 Zip	Country	<b>28</b>   Zip	<u> </u>	Cour	ntrv		8. This corporation owes the cu	rrent vear	<del></del>		
Zip		— ·	30				Personal Property Tax.	iletit year		⊒No	
24 25 29 30 30 9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent						
	5. Name and Address of Current	Vedistale	ra Agent	-	81	Name	·		,,,		
MENNA, GLAUCO 808 JOHN STREET					82 Street Address (P.O. Box Number is Not Acceptable)						
											ORL
					84	City			85 Zip C	ode	
										- sistered	
office or n agent. I a	to the provisions of Sections 607.0502 egistered agent, or both, in the State o m familiar with, and accept the obligation	t Florida :	Such change was at	itnonzea	DV I	ine corporauoii	ration submits this statement for th i's board of directors. I hereby acci	e purpose ept the ap	pointment as reg	istered	
SIGNATURE	Signature, typed or printed name of registered agent	and title if app	licable. (NOTE:	Registered	Ageni	t signature required v	when reinstating)	DATE			
12.	OFFICERS AND			13.			ADDITIONS/CHANGES TO O	FFICERS	AND DIRECTOR	RS IN 12	
TITLE	D		☐ DELETE	1.5 TIT	1.E				Change	Addition	
NAME	MENNA, GLAUCO			1.2 NA	ME						
STREET ADDRESS	808 JOHN STREET			1.3 ST	REET	ADDRESS					
CITY-ST-ZIP	ORLANDO FL			1.4 CIT							
TITLE	CILLINDO I E		☐ DELETE	2.1 TIT					Change	Addition	
NAME			_	2.2 NA							
						ADDRESS					
STREET ADDRESS				2.4 CI							
CITY-ST-ZIP			☐ DELETE	3.1 TIT		1-21			☐ Change	Addition	
NAME				3.2 NA			<u></u> .				
STREET ADDRESS	ì			1		ADDRESS					
				34 CI							
CITY-ST-ZIP			☐ DELETE	4.1 TIT		1-44			Change	Addition	
NAME				4. 2 N/							
NAME. STREET ADDRESS						ADDRESS					
CITY-ST-ZIP				4.4 Ci1							
TITLE			☐ DELETE	5.1 TIT				_	☐ Change	Addition	
NAME				5.2 NA							
STREET ADDRESS				5.3 ST	REET	ADDRESS					
				5.4 CI1	1Y-\$1	1-219					
CITY-ST-ZIP	<del> </del>		☐ DELETE	6.1 TIT		<del></del>			Change	/ Addition	
NAME				6.2 NA	ME						
\				6.3 ST	REET	ADDRESS					
STREET ADDRESS				6.4 CF							
CITY-ST-ZIP	certify that the information supplied with	thic filing	does not qualify for				ction 119 07/3)(i) Florida Statutes	Lfurther	certify that the in	formation	

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 fequiled 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