

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F55028** (7)

1. Corporation Name

ANTHONY LIMONCELLI, M.D., P. A.



Principal Place of Business

2175 OLEAN BLVD.
PORT CHARLOTTE FL 33952

Mailing Address

2175 OLEAN BLVD.
PORT CHARLOTTE FL 33952

2. Principal Place of Business

21 State, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 State, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

11/17/1981

3a. Date of Last Report

01/31/1995

4. FEI Number

59-2136412

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

9. Name and Address of Current Registered Agent

LIMONCELLI, ANTHONY
2175 OLEAN BLVD.
PORT CHARLOTTE FL 33952

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 I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature of the person who is authorized to sign this report

Signature of Registered Agent, and the person authorized to sign

Date

12. OFFICERS AND DIRECTORS

1. TITLE	DP	<input type="checkbox"/> DELETE
2. NAME	LIMONCELLI, ANTHONY	
3. STREET ADDRESS	2175 OLEAN BLVD.	
4. CITY-STATE-ZIP	PORT CHARLOTTE FL	
1. TITLE	D	<input type="checkbox"/> DELETE
2. NAME	SPADAFORA, JOSEPH	
3. STREET ADDRESS	2175 OLEAN BLVD	
4. CITY-STATE-ZIP	PORT CHARLOTTE FL	
1. TITLE		<input type="checkbox"/> DELETE
2. NAME		
3. STREET ADDRESS		
4. CITY-STATE-ZIP		
1. TITLE		<input type="checkbox"/> DELETE
2. NAME		
3. STREET ADDRESS		
4. CITY-STATE-ZIP		
1. TITLE		<input type="checkbox"/> DELETE
2. NAME		
3. STREET ADDRESS		
4. CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-STATE-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-STATE-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-ZIP	

14. I 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 this 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 in an attachment with an address.

SIGNATURE:

(Handwritten Signature)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-30-96

941-625-1325

CR2E034 (12/95)