## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

603601

(6)

JOSEPH GIOVINCO, M.D., F.A.C.S., P.A.

FILED Mar 30 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 3325 W GRACE STE 508 S HABANA 3726 WEGRACE ST.: 508 S HABANA #170 STF 101 STE 101 #170 TAMPA FL 3360% TAMPA FL 33609 DO NOT WRITE IN THIS SPACE TAMPA FL 38802 33609 3. Date Incorporated or Qualified 06/20/1972 2a. Mailing Address 2. Principal Place of Business 4. FEI Number Applied For 508 S HABANA AVE 21 <u>508 S HABANA AVE</u> 26 59-1429343 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required #107 22 #107 City & State City & State 6. Election Campaign Financing \$5.00 May Be TAMPA FI. TAMPA П 23 28 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation owes or has paid the current year Intangible 33609 33609 25 29 Personal Property Tax due June 30. Yes 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 GIOVINCO, JOSEPH 84 DAVIS BLVD., #301 82 TAMPA FL 33606 83 84 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agont signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. PD DELETE 1.1 TITLE Change Addition TITLE GIOVINCO, JOSEPH NAME 1.2 NAME 84 DAVIS BLVD., #301 STREET ADORESS 1.3 STREET ADDRESS TAMPA, FL 00000 CITY-ST-ZIP 1.4 CITY-ST-2IP DELETE Change Addition TITLE 2.1 TITLE 2.2 NAME 2.3 STREET ADORESS STREET ADDRESS CITY-ST-ZIP 2.4 CiTY-ST-ZIP DELETE TITLE 3.1 TITLE Change Addition 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZiP Change DELETE Addition 4.1 TITLE TITLE 4 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP

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.