## 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 # 604

604382

(2)

LEONARD A. BELLI D.D.S., P.A.

FILED
Apr 07 1998 8:00am
Secretary of State



Principal Plac	ce of Business	Mailing Address				<b>ifi</b> i
,						
SARASOTA I		2750 STICKNEY PT RD SARASOTA FL 34231	,			
					DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualified	
2 Principal I	Place of Business				05/30/1973	
$\vdash$	Flace of Business	2a. Mailing Address			4. FEI Number Applied	
Suite, Apt	. #. etc	Suite, Apt #, etc.	·		59-1475423   Not Appl	
22	,	27			5. Certificate of Status Desired Fee Required	
City & Sta	te	City & State			6. Election Campaign Financing \$5.00 May 6	
23		28			Trust Fund Contribution Added to Fee	
Zip	Country	Zip	Countr	,	This corporation owes or has paid the current year Intangible	
24	25	29	30		Personal Property Tax due June 30. XX Yes No	
	9, Name and Address of Cur	rent Registered Agent			10. Name and Address of New Registered Agent	
BE	ELLI, LEONARD		81	Name		
	50 STICKNEY PT. RD.		82	Street Ad	ddress (P.O. Box Number is Not Acceptable)	
	RASOTA FL 33581				22.225 ( son runnor to trot indoptatio)	
			83	]		
			84	City	85 Zip Code	
				,	FL     '	
SIGNATURE	Signature, typed or printed name of registered				corporation submits this statement for the purpose of changing its registoration's board of directors. I hereby accept the appointment as registoration between reinstating.  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1	
TITLE	PTD	☐ DELETE	1.1 TITLE			Addition
NAME	BELLI, LEONARD		1.2 NAME			
STREET ADDRESS	2750 STICKNEY PT RD		1.3 STREE	T ADDRESS		
CITY-ST-ZIP	SARASOTA FL		1.4 CITY-1	ST-ZIP		
TITLE	S	DELETE	2.1 TITLE		Change P	Addition
NAME	Belli, Leonard		2.2 NAME			
STREET ADDRESS	2750 STICKNEY PT RD		2.3 STREET	ADDRESS	:	
CITY-ST-ZIP	SARASOTA FL		2. 4 CITY-	ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		Change A	Addition
NAME	!		3.2 NAME			
STREET ADDRESS			3.3 STREET	ADDRESS		
CITY-ST-ZIP		· · · - · - · · · · · · · · · · · · · ·	3.4 CITY-	ST-7IP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ A	Addition
NAME			4. 2 NAME			
STREET ADDRESS			4 3 STREE	ADDRESS		
CITY-ST-ZIP			4.4 CITY-	ST-ZIP	71-77	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ A	Addition
NAME			5.2 NAME			
STREET ADDRESS			5 3 STREET			
CITY-ST-ZIP		Doctor	5.4 CITY-5	ST-ZIP		4 44197
TOTLE		☐ DELETE	61 TITLE		☐ Change ☐ A	Addition
NAME			62 NAME			
STREET ADDRESS			63 STREET			
CITY - ST - ZIP	<u> </u>		6.4 CITY - S	T-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 suppliemental 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.

SIGNATURE: Survey Ch. Belli Free, LEONARD A. BELL: April 160 441 922.011

CR2E034 (10/97)