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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## **FILED** Feb 20, 1999 8:00 am Secretary of State

02-20-1999 90115 024 \*\*\*150.00

DOCUMENT # 692425  1. Corporation Name  DOMINICK J. PASSALACQUA, M.D., P.A.  Principal Place of Business  Mailing Address  TMA W. COLE CLUB ST		
Principal Place of Business Mailing Address		
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P.O. BOX 36 7812 W GOLF CLUB ST CRYSTAL RIVER FL 33426 CRYSTAL RIVER FL 34429 DO NOT WRITE IN THIS:	SPACE	
US  3. Date Incorporated or Qualifed  06/29/1981		
2. Principal Place of Business 2a. Mailing Address 4. FEI Number		Applied For Not Applicable
21   26   352 103434		Additional
22 City & State 6 Flortion Campaign Financing		May Be
28 Trust Fund Contribution	Added	d to Fees
Zip Country Zip Country 8. This corporation owes the current year into	angible ⊠Yes	□No
24     34 H スラーター     25     29     30     Personal Property Tax.       9. Name and Address of Current Registered Agent     10. Name and Address of New Registered Agent	Agent	
81 Name		
PASSALACQUA, DOMINICK J 7812 W. GOLF CLUB STREET  82 Street Address (P.O. Box Number is Not Acceptable)		
CRYSTAL RIVER FL 34429		
84 City FI	85 Zip	p Code
Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of 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 appoir agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE	ntment as	registered
OL - three three districted power of conjectured agent and title if applicable (NOTE: Registered Agent signature required when remissionly)		<del></del>
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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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

Daytime Phone #