

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F26708 (0)

1. Corporation Name

J. JOHN BARBIERI, M.D., P.A.

Principal Place of Business

200 S OCEAN BLVD #110
DELRAY BCH. FL 33483-6746

Mailing Address

200 S OCEAN BLVD #110
DELRAY BCH. FL 33483-6746

2. Principal Place of Business

2a. Mailing Address

26 40 Aubrey Bourgeois CPA

Suite, Apt. #, etc.

27 398 Camino Gardens Blvd. #110

City & State

28 Boca Raton, Florida

Zip

29 33432

Country

30 USA

3. Date Incorporated or Qualified

04/01/1981

3a. Date of Last Report

05/01/1995

4. FEI Number

06-1040401

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. 190.03?
Florida Statutes

☐

Yes

☒

No

9. Name and Address of Current Registered Agent

BARBIERI, J JOHN MD
200 S. OCEAN BLVD.
SUITE 110
DELRAY BCH. FL 33483

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 607.1508, 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 in plain text of this registered agent and then applicable

(If the Registered Agent Signature requires Electronic filing)

Date

12. OFFICERS AND DIRECTORS

TITLE PD
NAME BARBIERI, J JOHN
STREET ADDRESS 5210 LINTON BLVD
CITY-ST-ZIP DELRAY BCH. FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

14. I do 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 the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13, unchanged, or on an attachment with an address.

SIGNATURE:

J. John Barbieri

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-30-96

Date

Digitally signed by