

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

PROFIT CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **F33877** (4)  
1. Corporation Name  
**JOSEPH SOMMOVIGO, D.C., P.A.**



Principal Place of Business: **9825 W SAMPLE RD CORAL SPRINGS FL 33065**  
Mailing Address: **9825 W SAMPLE RD CORAL SPRINGS FL 33065**

3. Date Incorporated or Qualified: **05/07/1981**  
3a. Date of Last Report: **04/28/1995**

2. Principal Place of Business: **21 9825 W SAMPLE RD CORAL SPRINGS FL 33065**  
2a. Mailing Address: **26 8433 N.W. First St**  
22. Suite, Apt. #, etc.:  
27. Suite, Apt. #, etc.:  
23. City & State: **28 CORAL SPRINGS, FLA.**  
24. Zip: **25 33071** Country: **30 USA**  
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**

**10. Name and Address of New Registered Agent**

**SOMMOVIGO, JOSEPH  
9825 W SAMPLE ROAD  
CORAL SPRINGS FL 33065**

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: \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: <b>PD</b>	<input type="checkbox"/> DELETE	1.1 TITLE: <b>Sommovigo, Joseph</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>SOMMOVIGO, JOSEPH</b>		1.2 NAME: <b>8433 N.W. First St</b>	
STREET ADDRESS: <b>9825 W SAMPLE RD</b>		1.3 STREET ADDRESS: <b>CORAL SPRINGS, FLA. 33071</b>	
CITY-ST-ZIP: <b>CORAL SPGS, FL 00000</b>		1.4 CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> DELETE	2.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		2.2 NAME:	
STREET ADDRESS:		2.3 STREET ADDRESS:	
CITY-ST-ZIP:		2.4 CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> DELETE	3.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		3.2 NAME:	
STREET ADDRESS:		3.3 STREET ADDRESS:	
CITY-ST-ZIP:		3.4 CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> DELETE	4.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		4.2 NAME:	
STREET ADDRESS:		4.3 STREET ADDRESS:	
CITY-ST-ZIP:		4.4 CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> DELETE	5.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		5.2 NAME:	
STREET ADDRESS:		5.3 STREET ADDRESS:	
CITY-ST-ZIP:		5.4 CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> DELETE	6.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		6.2 NAME:	
STREET ADDRESS:		6.3 STREET ADDRESS:	
CITY-ST-ZIP:		6.4 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 officer 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 any attachment with an address.

SIGNATURE: *Joseph Sommovigo DC PA* 4/21/96 (954) 752-2950  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Telephone

CR2E034 (12/95)