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Apr 17 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # F37859 (8)
1. Corporation Name
EDWARD BUONOPANE, M.D., P.A.



Principal Place of Business
5333 N DIXIE HWY STE 204
FT LAUDERDALE FL 33334

Mailing Address
5333 N DIXIE HWY STE 204
FT LAUDERDALE FL 33334

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 1730 E. Commercial Blvd.
Suite, Apt. #, etc.
22 City & State
23 Ft. Lauderdale, FL.
Zip
24 33308
Country
25 Broward

2a. Mailing Address
26 1730 E. Commercial Blvd.
Suite, Apt. #, etc.
27 City & State
28 Ft. Lauderdale, FL.
Zip
29 33308
Country
30 Broward

3. Date Incorporated or Qualified
06/30/1981

4. FEI Number
59-2100959
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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent
EDWARD BUONOPANE MD
5333 N DIXIE HWY STE 204
FT LAUDERDALE FL 33334
1730 E. Commercial Blvd.
Ft. Lauderdale, FL.
33308

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
1730 E. Commercial Blvd

83

84 City Ft. Lauderdale FL 85 Zip Code 33308

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  MD, President 3/23/98
Signature typed or printed name of registered agent and title (applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE PVS
NAME BUONOPANE, EDWARD MD
STREET ADDRESS 5333 N DIXIE HWY 204 1730 E. Commercial Blvd
CITY-ST-ZIP FT LAUDERDALE FL 33308

TITLE
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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 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.

SIGNATURE:  MD President 3/23/98 954/491-7044

CR2E034 (10/97)