FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 16 PM 11:40

DOCUMENT # **F94000002688 (9)**

1. Corporation Name
ANTHONY J. SPINELLA, P.C.

Principal Place of Business	Mailing Address
6118 S. TAMIAMI TRAIL SARASOTA FL 32431	6118 S. TAMIAMI TRAIL SARASOTA FL 32431

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/24/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 4801 SWIFT ROAD	26 4801 SWIFT ROAD
Suite, Apt. #, etc 22 SUITE E	Suite, Apt. #, etc 27 SUITE E
City & State 23 SARASOTA, FL	City & State 28 SARASOTA, FL
Zip 24 34231 Country 25 USA	Zip 29 34231 Country 30 USA

4. FEI Number: 22-2866030 ☐ 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 § 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SPINELLA, ANTHONY J DPM 6118 S. TAMIAMI TRAIL SARASOTA FL 32431	81 Name 82 Street Address (P.O. Box Number is Not Acceptable): 8900 HUNTINGTON POINTE DRIVE 83 84 City: SARASOTA FL 85 Zip Code: 34238

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: ✓ Anthony J. Spinella — Anthony J. Spinella President ✓ — 6/13/95
(Signature, typed or printed name of person signing, and title if applicable) (Name of Registered Agent, if applicable, required when reinstating) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CP	11 TITLE		☒ Change ☐ Addition
NAME	SPINELLA, ANTHONY J DPM	12 NAME		
STREET ADDRESS	6118 S. TAMIAMI TRAIL	13 STREET ADDRESS	8900 HUNTINGTON POINTE DRIVE	
CITY ST ZIP	SARASOTA FL 32431	14 CITY ST ZIP	SARASOTA FL 34238	
TITLE	ST	21 TITLE		☒ Change ☐ Addition
NAME	SPINELLA, DIANE	22 NAME		
STREET ADDRESS	6118 S. TAMIAMI TRAIL	23 STREET ADDRESS	8900 HUNTINGTON POINTE DRIVE	
CITY ST ZIP	SARASOTA FL 32431	24 CITY ST ZIP	SARASOTA FL 34238	
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY ST ZIP		34 CITY ST ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY ST ZIP		44 CITY ST ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		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)(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: ✓ Anthony J. Spinella — 6/15/95 — 813/924-8552
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)

0210033 CP