

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H36129

1. Corporation Name

SALVATORE M. DECANIO, JR., O.D., P.A.

Principal Place of Business

% SALVATORE M. DECANIO, JR.
211 EAST BOYNTON BEACH BLVD
BOYNTON BEACH FL 33435-0839

Mailing Address

% SALVATORE M. DECANIO, JR.
211 EAST BOYNTON BEACH BLVD
BOYNTON BEACH FL 33435-0839

FILED
Apr 13, 1999 8:00 am
Secretary of State

04-13-1999 90017 021 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/31/1984

4. FEI Number

59-2486519

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 the current year Intangible
Personal Property Tax.

Yes No

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

DECANIO, SALVATORE M. JR.
211 EAST BOYNTON BEACH BLVD
BOYNTON BEACH FL 33435-0839

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

917 CHAPEL HILL BLVD

83.

84. City BOYNTON BEACH

FL

85. Zip Code
33435-8112

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 or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-5-99

12. OFFICERS AND DIRECTORS

TITLE DPT
NAME DECANIO, SALVATORE M. JR
STREET ADDRESS 211 E. BOYNTON BEACH BL
CITY-ST-ZIP BOYNTON BEACH FL

DELETE

TITLE S
NAME DECANIO, CAROL A.
STREET ADDRESS 917 CHAPEL HILL BLVD.
CITY-ST-ZIP BOYNTON BEACH FL

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DPT De Canio, Salvatore M. Jr. Change Addition

1.2 NAME

1.3 STREET ADDRESS 917 CHAPEL HILL BLVD

1.4 CITY-ST-ZIP BOYNTON BEACH, FL. 33435-8112 Change Addition

2.1 TITLE De Canio, CAROL A. Change Addition

2.2 NAME

2.3 STREET ADDRESS BOYNTON BEACH, FL. 33435-8112

2.4 CITY-ST-ZIP

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE Change Addition

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, with all other like empowered.

SIGNATURE:

Signature, typed or printed name of signing officer or director

Date

Daytime Phone #

4-5-99

561-732-7121

CR2E034 (11/98)