

DOCUMENT # H36129

1. Entity Name

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

**FILED**  
**Jan 12, 2001 8:00 am**  
**Secretary of State**

01-12-2001 90012 005 \*\*\*150.00

Principal Place of Business

Mailing Address

~~1400 N FEDERAL HWY~~  
~~STE 134~~  
~~BOCA RATON FL 33431-5181~~

~~917 CHAPEL HILL BLVD~~  
~~BOYNTON BEACH FL 33435-8112~~



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4507 GLENEAGLES DRIVE

3. Mailing Address

4507 GLENEAGLES DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

BOYNTON BEACH, FLORIDA

City &amp; State

BOYNTON BEACH, FLORIDA

4. FEI Number

59-2486519

Applied For

Not Applicable

Zip

Country

Zip

Country

33436-4806

USA

33436-4806

USA

5. Certificate of Status Desired

☐ \$8.75 Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DECANIO, SALVATORE M. JR.

~~917 CHAPEL HILL BLVD~~  
~~BOYNTON BEACH FL 33435-8112~~

Name

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

4507 GLENEAGLES DRIVE

City BOYNTON BEACH

FL

Zip Code

33436-4806

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

*Salvatore M. DeCanio Jr*  
 Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

1-8-01

DATE

9. This corporation is eligible to satisfy its Intangible  
 Tax filing requirement and elects to do so.  
 (See criteria on back)



**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
 Trust Fund Contribution.

☐ \$5.00 May Be  
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DPT  
 NAME DECANIO, SALVATORE M. JR.  
 STREET ADDRESS 917 CHAPEL HILL BLVD  
 CITY-ST-ZIP BOYNTON BEACH FL 33435-8112

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS 4507 GLENEAGLES DRIVE  
 CITY-ST-ZIP BOYNTON BEACH, FL 33436-4806

☒ Change ☐ Addition

TITLE S  
 NAME DECANIO, CAROL A.  
 STREET ADDRESS 917 CHAPEL HILL BLVD.  
 CITY-ST-ZIP BOYNTON BEACH FL 33435-8112

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS 4507 GLENEAGLES DRIVE  
 CITY-ST-ZIP BOYNTON BEACH, FL 33436-4806

☒ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change ☐ Addition

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Salvatore M. DeCanio Jr*  
 Signature

1/8/01

Date

561-732-7121

Daytime Phone #

CR2E034 (10/00)