

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 # H38376 (0)

1. Corporation Name

DOMINIC MICELI R.P.T., P.A.



Principal Place of Business

111-C WEST MAIN STREET
INVERNESS FL 34450
US

Mailing Address

111-C WEST MAIN STREET
INVERNESS FL 34450
US

3. Date Incorporated or Qualified
04/01/1985

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

21 6333 S.W. Hwy 200
Suite, Apt. #, etc.

2a. Mailing Address

26 6333 S.W. Hwy 200
Suite, Apt. #, etc.

4. FEI Number

59-2471722

Applied For
Not Applicable

22 City & State

23 OCALA, FL
Zip

Country

24 34476-3555 25 USA

27 City & State

28 OCALA, FL
Zip

Country

29 34476-3555 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

MICELI, DOMINIC

~~111-C WEST MAIN STREET~~
~~INVERNESS FL 32650~~

81 Name

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

6333 S.W. Hwy 200

83

84 City

OCALA,

FL

85 Zip Code

34476-3555

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

12. OFFICERS AND DIRECTORS

TITLE PSTD ☐ DELETE

NAME MICELI, DOMINIC
STREET ADDRESS 111-C WEST MAIN STREET
CITY-ST-ZIP INVERNESS FL

TITLE VP ☐ DELETE

NAME GILMAN, STEVE
STREET ADDRESS 111-C WEST MAIN STREET
CITY-ST-ZIP INVERNESS FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

6333 S.W. Hwy 200
OCALA, FL 34476-3555

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3524 S.E. 41st PLACE
OCALA, FL 34480

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

900001839059
-05/24/96--01030--011
***200.00

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 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, unchanged, or on an attachment with an address.

SIGNATURE: ✓

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dominic Miceli, Pres.

✓ 4/24/96 (352) 873-9777

CR2E034 (12/95)