## 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 # H46552**

1. Corporation Name

JOHN GIANATASIO, III, D.M.D., P.A.

Principal	Place	of Business

2. Principal Place of Business

Mailing Address

2a. Mailing Address

11435 I PALMETTO PARK ROAD. WEST BOCA RATON FL 33428

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## FILED Jan 26, 1999 8:00am Secretary of State

01-26-1999 90049 002 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed
03/12/1985

4. FEI Number Applied For

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1	26		<u> </u>	Not Applicable	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional Fee Required	
City & State	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip Country 25		Country	This corporation owes the current year     Personal Property Tax.	er Intangible ☐ Yes ☐ No	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent			
GIANATASIO IOHN III		81 Name			
GIANATASIO, JOHN III 11435-I W. PALMETTO PK RD. BOCA RATON FL 33428		82 Street Address (P.O. Box Number is Not Acceptable)			
		83	[1] [1] [1] [1] [1] [1] [1] [1] [1] [1]		
		84 City	THE STATE OF	85 Zip Code	

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 of 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, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. ☐ DELETE ☐ Change 1,1 TITLE TITLE GIANATASIO, JOHN, III 1.2 NAME NAME 11435 I PAL.PK.RD.WEST 1.3 STREET ADDRESS STREET ADDRESS **BOCA RATON FL** 1.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ DELETE 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY-ST-ZIP CITY-ST-ZIP DELETE ☐ Change ☐ Addition 31 TITLE 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP ☐ DELETE 4.1 TITLE 4.2 NAME ide (Marina) Baratings (Marina) to the two the total 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP Addition ☐ DELETE 51 TITLE TITLE 5.2 NAME NAME : 5.3 STREET ADDRESS STREET ADDRESS 54 CITY-ST-ZIP CITY-ST-ZIP 6.1 TITLE Change Addition TITLE DELETE 6.2 NAME NAME 6.3 STREET ADDRESS 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 with the empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed for on an attachment with an address, with all other like empowered.

SIGNATURE:

SUNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-4-99 5614826446

CR2E034 (11/98)