

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT
CORPORATION
ANNUAL REPORT
1996**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mathian
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J55069

(5)

1. Corporation Name

CLAUDIO E. VINCENTY, M.D., P.A.



Principal Place of Business

**108 ALICE WAY
PONTE VEDRA BCH. FL 32082
US**

Mailing Address

**LAFAYE BROCK AND ASSOC.
1301 GULF LIFE DR.
JACKSONVILLE FL 32207
US**

2. Principal Place of Business

21 State, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 1301 Riverplace Blvd.

27 Suite 2400

28 City & State

29 Zip

30 Country

9. Name and Address of Current Registered Agent

**VINCENTY, CLAUDIO E.
108 ALICE WAY
POINT VEDRA BCH. FL 32207**

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.01(2) and 607.15(6), 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 Sections 607.01(2) Florida Statutes.

SIGNATURE

Signature of Registered Agent or the person authorized to file this statement

Signature of Agent for the corporation (Not required for corporations with no officers or directors)

Date

12. OFFICERS AND DIRECTORS

TITLE	PST	☐ DELETE
NAME	VINCENTY, CLAUDIO E.	
STREET ADDRESS	108 ALICE WAY	
CITY-ST-ZIP	POINT VEDRA BCH. FL 32082	
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. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-ST-ZIP	
5. TITLE	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY-ST-ZIP	
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY-ST-ZIP	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY-ST-ZIP	
17. TITLE	☐ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
20. 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)(g), 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 index.

SIGNATURE: X *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/96 **904-730-2388**

CR2E034 (12/95)