4	PLEASE READ				OMPLET	ING THIS FORM	1.
API REIN	FULL	FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS			es ation	1 1000	y
DOCÙMENT # J87827 1. Comporation Name					97 OCT 30 PM 4: 59		
MICHAEL P. CONSTANTINE, D.C., P.A.					SECRETARY OF STATE TALLAHASSEE, FLORIDA		
Principal Place of Business Malling Address					_		
	. P. CONSTANTINE FREET WEST FL 34221	% MICHAEL P. CONSTANTINE 312 7TH STREET WEST PALMETTO FL 34221					
If above addresses are incorrect in any way, line through incorrect information 2. New Principal Office Address, If Applicable 3. New Mailing Office Address				Applicable 4. Date Incorporated or Qualified			
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			08/13/1987 5. FEI Number Applied For		
City & State	•	City & State				65-0014381	Not Applicable
Zip	Country	Zip Country		у	6. CERTIFICATE OF STATUS DESIRED (5) \$8.75 Additional Fee refor a Certificate of St		8.75 Additional Fee required for a Certificate of Status
7. Names a	and Street Addresses of Each Officer and/	or Director (Fic	rida nonprofit corpora	ations must list at lea	st 3 directors)		
Title(s)	Name of Officers and/or Directors				City / State / Zin		
P	CONSTANTINE, MICHAEL P. 800 28 AVE W		800 28 AVE W.	G. G. W.	PAI METTO FI		
					80	10002340 -11/06/371 -****165.00	01080-017 01080-017 ****165.00
l	Name and Address of Current F	Registered Age	<u> </u> nt	1	9. Name and A	Address of New Registered	1 Agent
Name							Agom
CONSTANTINE, MICHAEL P. 312 7TH STREET WEST				Street Address (P.O. Box Number is Not Acceptable) Sulte, Apt. #, Etc.			
PALMETTO FL 34221							
				City		Stat F1	
Signature of Registered	Agent	P Con-	ENT MUST SIGN	ک	ligations of Secti	on 607.0505, F.S. Date/0/2	4/97
	is corporation owes or ha angible Personal Propert			ar Yes 🔀	No 🗌		lde for Information angible tax.)
this reins owed by	that I am an officer or director or the receive statement application, the reason for dissolute the corporation have been paid and the nepplication is true and accurate, and my signature.	lution has been ames of individi	eliminated, the corpousless tisted on this form	rate name satisfies t n do not qualify for a	he requirements in exemption und oath.	of section 607.0401 or 617.0 er section 119.07(3)(i), F.S.	0401, F.S., that all fees The Information Indicated
SIGNAT		NTED NAME OF E	SIGNING OFFICER OR E	DIRECTOR		0/24/97	791 1293330 Daytimo Phone #



Catherine M. Astronskas

Yolanda M. Czerwinski

Sr. Staff Accountant

Certified Public Accountant

George V. Famiglio, Jr. ———— & ASSOCIATES

A Professional Accountancy Corporation

Certified Public Accountants with Masters Degrees in Taxation

Established 1971 - Member of AICPA/Tax Division and FICPA

October 28, 1997

Division of Corporation P.O.Box 6327 Tallahassee, FL 32314

RE: Michael P. Constantine, DC, PA, EIN#65-0014381 J87827,

Form: 201 Cor Profit A/R

Our client listed above has never received from you the initial Notice for Annual Report with a fee of \$165.00 due neither the remainder that the report was never filed. Enclosed you will find the report duly signed and check attached for Annual Fee of \$165.00. Please waive the penalty for filing late since the original report was never received.

George V. Famiglio, Jr., CPA/PFS, CFP

Masters Degree in Taxation Admitted to Practice U.S. Tax Court

Jane D. Famiglio

D/Executive Director

I would like to ask you kindly to respond in writing and confirm your favorable decision.

If you have any questions, please do not hesitate to call our office. Thank you.

Sincerely

Yolanda M. Czerwinski

Staff Accountant