

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

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra R. Morham
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 MAY -1 AM 9:07

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # K22052 (0)

1. Corporation Name
SYMBIONICS, INC.

Principal Place of Business

**731 KIRKMAN RD.
ORLANDO FL 32811**

Mailing Address

**731 KIRKMAN RD.
ORLANDO FL 32811**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

04/28/1988

3a. Date of Last Report

05/01/1994

4. FEI Number

65-0051312

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

Country

30

9. Name and Address of Current Registered Agent

**CIOLA, THOMAS
731 KIRKMAN RD
ORLANDO FL 32811**

10. Name and Address of New Registered Agent

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 607.0502 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 fee if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DP
NAME	CIOLA, THOMAS
STREET ADDRESS	4511 WINDSMERE BLVD
CITY - ST - ZIP	ORLANDO FL
TITLE	DST
NAME	CIOLA, MARCIA J.
STREET ADDRESS	4511 WINDSMERE BLVD
CITY - ST - ZIP	ORLANDO FL
TITLE	V
NAME	CIOLA, PAUL
STREET ADDRESS	4511 WINDSMERE BLVD
CITY - ST - ZIP	ORLANDO FL
TITLE	VP
NAME	CIOLA, GREG
STREET ADDRESS	4511 WINDSMERE BLVD
CITY - ST - ZIP	ORLANDO FL
TITLE	VP
NAME	CIOLA, KRISTA
STREET ADDRESS	4511 WINDSMERE BLVD
CITY - ST - ZIP	ORLANDO FL
TITLE	VP
NAME	BRISBOIS, AMY CIOLA
STREET ADDRESS	4511 WINDSMERE BLVD
CITY - ST - ZIP	ORLANDO FL

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	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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)(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 if changed, or on an attachment with an address.

SIGNATURE:

Thomas Ciola Thomas Ciola

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

System Name #

4-19-95