

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 # K22052 (0)

1. Corporation Name

SYMBIONICS, INC.



Principal Place of Business

Mailing Address

731 KIRKMAN RD.
ORLANDO FL 32811

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ORLANDO FL 32811

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

3. Date Incorporated or Qualified

04/28/1988

3a. Date of Last Report

05/01/1995

4. FEI Number

65-0051312

Applied For

Not Applicable

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

CIOLA, THOMAS
731 KIRKMAN RD
ORLANDO FL 32811

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, or both, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP ☐ DELETE

NAME: CIOLA, THOMAS
STREET ADDRESS: 4511 WINDSMERE BLVD
CITY-ST-ZIP: ORLANDO FL

TITLE DST ☐ DELETE

NAME: CIOLA, MARCIA J.
STREET ADDRESS: 4511 WINDSMERE BLVD
CITY-ST-ZIP: ORLANDO FL

TITLE V ☐ DELETE

NAME: CIOLA, PAUL
STREET ADDRESS: 4511 WINDSMERE BLVD
CITY-ST-ZIP: ORLANDO FL

TITLE VP ☐ DELETE

NAME: CIOLA, GREG
STREET ADDRESS: 4511 WINDSMERE BLVD
CITY-ST-ZIP: ORLANDO FL

TITLE VP ☐ DELETE

NAME: CIOLA, KRISTA
STREET ADDRESS: 4511 WINDSMERE BLVD
CITY-ST-ZIP: ORLANDO FL

TITLE VP ☐ DELETE

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:

Marcia J. Ciola
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-1-96 (407) 291-9139
Date Daytime Phone #

CR2E034 (12/95)