

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

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 JUN 10 1995

DOCUMENT # K79706 (3)

1. Corporation Name
J.M. PROVENZANO, M.D., P.A.

Principal Place of Business 2024 S. SEACREST BLVD. #3100 BOYNTON BEACH FL 33435	Mailing Address 2024 S. SEACREST BLVD. #2100 BOYNTON BEACH FL 33435
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1230 S. Federal Hwy Suite, Apt. #, etc. 22 City & State 23 Boynton Beach FL Zip 24 33435	2a. Mailing Address 26 1230 S. Federal Hwy Suite, Apt. #, etc. 27 City & State 28 Boynton Beach FL Zip 29 33435
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3. Date Incorporated or Qualified 04/12/1989	3a. Date of Last Report 04/05/1994
4. FEI Number 65-0108738	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

RIPLEY, RAYMOND, JR.
235 NORTHEAST 6TH AVENUE
DELRAY BEACH FL 33483

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 _____ DATE _____

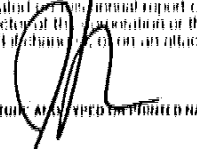
12. OFFICERS AND DIRECTORS

TITLE	D
NAME	PROVENZANO, JOSEPH M.
STREET ADDRESS	2024 S. SEACREST BLVD.
CITY-ST-ZIP	BOYNTON BEACH FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☒ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	1230 S. Federal Hwy
1.4 CITY-ST-ZIP	Boynton Beach, FL 33435
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 the form 199.032(4)(b), 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 registered agent or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears on Block 12 or Block 13 of this filing or on an attachment with an address.

SIGNATURE:  **Joseph M. Provenzano, M.D.** **1/16/95**
 407 736 0015