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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 20 AM 11:21

DOCUMENT # K79706 (3)

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

Principal Place of Business
~~2024 S. SEACREST BLVD.~~
~~#210C~~
BOYNTON BEACH FL 33435

Mailing Address
~~2024 S. SEACREST BLVD.~~
~~#210C~~
BOYNTON BEACH FL 33435

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
Country
25

2a. Mailing Address
26 1230 S. Federal Hwy
Suite, Apt. #, etc.
27
City & State
28 Boynton Beach Fl.
Zip
29 33435
Country
30

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 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 ____________________ 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	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE		☑ Change ☐ Addition
12 NAME		
13 STREET ADDRESS	1230 S. Federal Hwy	
14 CITY-ST-ZIP	Boynton Beach, Fl 33435.	
21 TITLE		☐ Change ☐ Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE		☐ Change ☐ Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		☐ Change ☐ Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		☐ Change ☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
64 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)(i), 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: Joseph M. Provenzano, M.D. 1/16/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone: 407 736 0015

0263013 CP