

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**Apr 27, 1999 8:00 am**  
**Secretary of State**

04-27-1999 90205 023 \*\*\*150.00

PROFIT  
 CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # K86212**

1. Corporation Name

**GIANNINI & STRICKLAND, D.D.S., P.A.**

Principal Place of Business

**5570 BEE RIDGE RD  
 C-2  
 SARASOTA FL 34233  
 US**

Mailing Address

**8620 SO TAMiami TRL  
 STE A & C  
 SARASOTA FL 34238  
 US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**05/05/1989**

4. FEI Number

**65-0118052**

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 owes the current year Intangible  
 Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip Country

**21** **22** **23** **24** **25** **26** **27** **28** **29** **30** **31** **32** **33** **34** **35** **36** **37** **38** **39** **40** **41** **42** **43** **44** **45** **46** **47** **48** **49** **50** **51** **52** **53** **54** **55** **56** **57** **58** **59** **60** **61** **62** **63** **64** **65** **66** **67** **68** **69** **70** **71** **72** **73** **74** **75** **76** **77** **78** **79** **80** **81** **82** **83** **84** **85** **86** **87** **88** **89** **90** **91** **92** **93** **94** **95** **96** **97** **98** **99** **00**

2a. Mailing Address

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Suite, Apt. #, etc.

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City & State

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9. Name and Address of Current Registered Agent

**HARRIS, RICHARD L  
 2661 MALL DRIVE  
 SARASOTA FL 34231**

10. Name and Address of New Registered Agent

**81** **82** **83** **84** **85** **86** **87** **88** **89** **90** **91** **92** **93** **94** **95** **96** **97** **98** **99** **00**

11. Pursuant to the provisions of Sections 607.0502 and 607.1505, 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

**David M. Silberstein**

**4/26/99**

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>DPT</b>	<input type="checkbox"/> DELETE
NAME	<b>GIANNINI, ALESSANDRO A.</b>	
STREET ADDRESS	<b>8620 SO TAMiami TRL, STE A&amp;C</b>	
CITY-ST-ZIP	<b>SARASOTA FL</b>	
TITLE	<b>VPD</b>	<input type="checkbox"/> DELETE
NAME	<b>STRICKLAND, GEORGE N</b>	
STREET ADDRESS	<b>5560 BEERIDGE RD. STE 10-14</b>	
CITY-ST-ZIP	<b>SARASOTA FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.1 TITLE	<b>DPT</b>
1.2 NAME	<b>Alessandro A. Giannini</b>
1.3 STREET ADDRESS	<b>5570 Bee Ridge Road, Suite C-2</b>
1.4 CITY-ST-ZIP	<b>Sarasota, Florida 34233</b>
2.1 TITLE	<b>VP D</b>
2.2 NAME	<b>George N. Strickland</b>
2.3 STREET ADDRESS	<b>5570 Bee Ridge Road, Suite C-2</b>
2.4 CITY-ST-ZIP	<b>Sarasota, Florida 34233</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing 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 1; or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**Alexxandro A. Giannini**

**4/26/99**

**(941) 377-8028**

Date

Daytime Phone #

CR2E034 (1/98)