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

APPROVED AND FILED

95 MAY -1 AM 12:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K96488 (7)

1. Corporate Name

THOMAS A. SAITTA, D.D.S., P.A.

Principal Place of Business

5863 LAKE WORTH ROAD
GREEN ACRES CITY FL 33463

Mailing Address

5863 LAKE WORTH ROAD
GREEN ACRES CITY FL 33463

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/16/1989

3a. Date of Last Report: 07/20/1994

2. Principal Place of Business
21

2a. Mailing Address
26

4. FEI Number: 65-0124513 ☐ Applied For ☐ Not Applicable

Suite, Apt. # etc.
22

Suite, Apt. # etc.
27

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

City & State
23

City & State
28

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

ZIP
24

County
25

ZIP
29

County
30

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

9. Name and Address of Current Registered Agent

SAITTA, THOMAS A.
5863 LAKE WORTH ROAD
GREEN ACRES CITY FL 33463

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 607.0505 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

(Typed or printed name of person signing) (Title of person signing) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
31 Title	D	31 Title	☐ Change ☐ Addition
32 Name	SAITTA, THOMAS A.	32 Name	
33 Street Address	5863 LAKE WORTH ROAD	33 Street Address	
34 City, State, ZIP	GREEN ACRES CITY FL	34 City, State, ZIP	
35 Title		35 Title	☐ Change ☐ Addition
36 Name		36 Name	
37 Street Address		37 Street Address	
38 City, State, ZIP		38 City, State, ZIP	
39 Title		39 Title	☐ Change ☐ Addition
40 Name		40 Name	
41 Street Address		41 Street Address	
42 City, State, ZIP		42 City, State, ZIP	
43 Title		43 Title	☐ Change ☐ Addition
44 Name		44 Name	
45 Street Address		45 Street Address	
46 City, State, ZIP		46 City, State, ZIP	
47 Title		47 Title	☐ Change ☐ Addition
48 Name		48 Name	
49 Street Address		49 Street Address	
50 City, State, ZIP		50 City, State, ZIP	
51 Title		51 Title	☐ Change ☐ Addition
52 Name		52 Name	
53 Street Address		53 Street Address	
54 City, State, ZIP		54 City, State, ZIP	

14. I hereby certify that the information supplied with this filing is, to the best of my knowledge, true and accurate. I am a director or officer 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 with an address.

SIGNATURE: Thomas A Saitta DDS 4/27/95 (561) 642-4900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Telephone Number)

0271865 CP