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FILED
May 08 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L03708 (9)

1. Corporation Name

DAVID L. QUINTAVALLI, D.C., P.A.

Principal Place of Business

7688 WILES ROAD
CORAL SPRINGS FL 33067-2069

Mailing Address

7688 WILES ROAD
CORAL SPRINGS FL 33067-2069

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/20/1989

4. FET Number

65-0136739

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 or has paid the current year Intangible
Personal Property Tax due June 30.

☒ Yes

☐ No

2. Principal Place of Business

21 2653 N. UNIVERSITY DR

Suite, Apt. #, etc.

22

City & State

23 CORAL SPRINGS FL

Zip

24 33065

Country

25 USA

2a. Mailing Address

26 2653 N UNIVERSITY DRIVE

Suite, Apt. #, etc.

27

City & State

28 CORAL SPRINGS FL

Zip

29 33065

Country

30 USA

9. Name and Address of Current Registered Agent

QUINTAVALLI, DAVID L
7688 WILES ROAD
CORAL SPRINGS FL 33067

10. Name and Address of New Registered Agent

81 Name Quintavalli, David L.

82 Street Address (P.O. Box Number is Not Acceptable)

2653 N. University Drive

83

84 City Coral Springs

FL

85 Zip Code 33065

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 and the, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME QUINTAVALLI, DAVID L.
STREET ADDRESS 6181 ALAN ROAD
CITY-ST-ZIP MARGATE FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

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 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 12 or Block 13 if changed, or on an addition within an address.

SIGNATURE David L. Quintavalli, D.C., P.A.

4/10/98 (051) Fee 7887

CR2E034 (10/97)