

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Aug 27, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # L45633**

1. Entity Name  
**JOSEPH DICIANO, D.D.S., P.A.**



**Principal Place of Business**

% GARY B. FRESE  
930 SOUTH HARBOR CITY BLVD SUITE 505  
MELBOURNE, FL 32901

**Mailing Address**

% GARY B. FRESE  
930 SOUTH HARBOR CITY BLVD SUITE 505  
MELBOURNE, FL 32901

**DO NOT WRITE IN THIS SPACE**

08242004 No Chg-P CR2E034 (10/03)

4. FEI Number  
**65-0165634**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

DICIANO, JOSEPH  
595 MIRACLE MILE, #200  
VERO BEACH, FL 32960

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

**FILE NOW!!! FEE IS \$150.00  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	DICIANO, JOSEPH, DDS PA
STREET ADDRESS	595 MIRACLE MILE #200
CITY-ST-ZIP	VERO 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	

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08/27/04-80003-003 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

**SIGNATURE:**

*Joseph D. Diciano*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #