

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # L90667

1. Corporation Name

JOHN A TERRANOVA D.C. P.A.

Principal Place of Business

4626 JOG ROAD
GREENACRES FL 33467
US

Mailing Address

4626 JOG ROAD
GREENACRES FL 33467
US

FILED
Apr 14, 1999 8:00 am
Secretary of State

04-14-1999 90084 039 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/23/1990

4. FEI Number

59-3023489

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

2a. Mailing Address

21 6427 LAKE WORTH Rd

26 6427 LAKE WORTH Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

23 LAKE WORTH FL

28 LAKE WORTH FL

24 33463 25 Country

29 33463 30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TERRANOVA, JOHN A.
4626 JOG ROAD
GREENACRES FL 33467

81 Name

John A. Terranova

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

6427 LAKE WORTH Rd.

83

84 City

LAKE WORTH

FL

85 Zip Code

33463

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P
NAME TERRANOVA, JOHN A.
STREET ADDRESS 4626 JOG ROAD
CITY-ST-ZIP GREENACRES FL 33467

1.1 TITLE P
1.2 NAME John A. Terranova
1.3 STREET ADDRESS 6427 LAKE WORTH Rd.
1.4 CITY-ST-ZIP LAKE WORTH FL 33463

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
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 attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/99

Daytime Phone #

CR2E034 (11/98)