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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # L91719 (9)
1. Corporation Name
RALPH A. CIASULLO, D.M.D., P.A.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business Mailing Address
**% RALPH A. CIASULLO
5917 MANATEE AVE W UNIT 607
BRADENTON FL 34209** **% RALPH A. CIASULLO
5917 MANATEE AVE W UNIT 607
BRADENTON FL 34209**

3. Date Incorporated or Qualified 3a. Date of Last Report
08/03/1990 **05/01/1994**

2. Principal Place of Business 2a. Mailing Address

4. FEI Number Applied For
65-0211479 Not Applicable

21. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.

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

22. City & State 27. City & State

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

23. Zip Country 28. Zip Country

8. This corporation has liability for intangibles tax under s. 199.042,
Florida Statutes Yes No

24. 25. 29. 30.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CIASULLO, RALPH A.
5917 MANATEE AVE W
UNIT 607
BRADENTON FL 34209**

01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City **FL** 05 Zip Code

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 reissuing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D**
NAME **CIASULLO, RALPH A.**
STREET ADDRESS **5917 MANATEE AVE W**
CITY - ST - ZIP **BRADENTON FL**

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not constitute the exemption stated in Section 110.07(3)(K), 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 file 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Title

Telephone Number

4-20-95

**FILED
DATE**