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FILED
Mar 13 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # M31947 (8)

1. Corporation Name

ANTHONY J. GENTELE, O.D., P.A.

Principal Place of Business

10992 NW 7TH AVE
NORTH MIAMI FL 33168
US

Mailing Address

10992 NW 7TH AVE
NORTH MIAMI FL 33168-2108
US



2. Principal Place of Business

21 Suite, Apt. # etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. # etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

05/13/1986

3a. Date of Last Report

03/07/1996

4. FEI Number

59-2681992

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 has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

GENTELE, ANTHONY J.
10992 NW 71ST AVE
NORTH MIAMI FL 33168

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 607.0502 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 of Registered Agent or Director)

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

1. NAME
2. ADDRESS
3. CITY, STATE, ZIP
4. TITLE
5. NAME
6. ADDRESS
7. CITY, STATE, ZIP
8. TITLE
9. NAME
10. ADDRESS
11. CITY, STATE, ZIP
12. TITLE
13. NAME
14. ADDRESS
15. CITY, STATE, ZIP
16. TITLE
17. NAME
18. ADDRESS
19. CITY, STATE, ZIP
20. TITLE
21. NAME
22. ADDRESS
23. CITY, STATE, ZIP
24. TITLE
25. NAME
26. ADDRESS
27. CITY, STATE, ZIP
28. TITLE
29. NAME
30. ADDRESS
31. CITY, STATE, ZIP
32. TITLE
33. NAME
34. ADDRESS
35. CITY, STATE, ZIP
36. TITLE
37. NAME
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91. CITY, STATE, ZIP
92. TITLE
93. NAME
94. ADDRESS
95. CITY, STATE, ZIP
96. TITLE
97. NAME
98. ADDRESS
99. CITY, STATE, ZIP
100. TITLE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP
2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP
3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP
4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP
6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP

14. I, the undersigned, 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 included in 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 of this report or on an attachment with an address.

SIGNATURE: ✓

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ANTHONY GENTELE

3/10/97

305-754-2020

Daytime Phone #

0229786

CR2E034 (9/96)