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

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

**DOCUMENT #**1. Corporation Name

(8)

MICHAEL F. FERRIOLO, PHD, P.A.

3. Date Incorporated or Qualified

**FILED** 

Apr 09 1998 8:00am

Secretary of State

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address 5830 S.W. 54TH AVENUE 5830 S.W. 54TH AVENUE DAVIE FL 33314 DAVIE FL 33314

							08/01/1988			
Principal Place of Business			2a. Mailing Address			4. FEI Number			Applied For	
]		26				65-0071640			Not Applicable	
Suite, Apt. #, etc.			Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.	.75 Additional	
		27					b. Cermicate of Status Desired	F	Fee Required	
City & State			City & State				6. Election Campaign Financing	\$5.00 May Be		
		28					Trust Fund Contribution	Added to Fees		
Zip Country			Zip Country			8. This corporation owes or has paid the current year Intangible				
<u> </u>	25	29		30			Personal Property Tax due June 30.	Yes Yes	□ No	
9. Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent				
FERRIOLO, MICHAEL F 5830 S.W. 54TH AVENUE					81	Name				
DAME FL 33314						Street Address (P.O. Box Number is Not Acceptable)				
					83					
					64	City	<del></del>	la- I	Zin Codo	

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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. TITLE DELETE 1.1 TITLE FERRIOLO, MICHAEL F NAME 1.2 NAME 5830 S.W. 54TH AVENUE 1.3 STREET ADDRESS STREET ADDRESS DAVIE FL City-St-ZIP 1.4 CITY-ST-ZIP DELETE Change ☐ Addition 2.1 TITLE TITLE NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY - ST - ZIP CITY - ST - ZIP DELETE Change Addition 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Addition Change TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE 6.2 NAME STREET ADDRESS

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.

SIGNATURE: