FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mariham . Secretary of State

DIVISION OF CORPORATIONS

1996

M98042

(8)

1. Corporation I		2 (8)					
JOSEPH M. VINCI, M.D., P.A.							
Principal Place of Business Mailing Address						itte tilet erbit effir tiett eien eine tragt	
950 GLADES RD 4TH FLOOR BOCA RATON FL 33431-5492		950 GLADES RD 4TH FLOOR BOCA RATON FL 33431-6492			To. Date of Local Desired		
					3. Date incorporated or Qualified 09/09/1988	3a. Date of Last Report 02/28/1995	
Principal Place of Business 21		2a. Mailing Address	}···= ₁		4. FEI Number 65-0074944	Applied For Not Applicable	
Suite, Apt. #, etc		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State		City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
23	Country Z ₁ p		Country 30		This corporation has liability for intangible tax under s 199.032, Florida Statutes		
24	25 9. Name and Address of Curren	29 Registered Agent	1301		10. Name and Address of New R	egistered Agent	
	9, 110/10 2010		81	Name			
MACINA, ROBERT P. 515 E. LAS OLAS BLVD.			82	Street Addr	dress (P.O. Box Number is Not Acceptable)		
15TH FL		83					
FT. LAUDERDALE FL 33301			84	City		FL 85 Zip Code	
or registore familiar wit	o the provisions of Sections 607,0502 od agent, or both, in the State of Flora h, and accept the obligations of, Secti Sujuace: typed or professame of registered agent	ion 607,0505, Florida Statute			ration submits this statement for the pur rd of directors. I hereby accept the app of when renstating	DAT)	
12.	OFFICERS AN	D DIRECTORS	13.		ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTORS IN 12 Change Addition	
THILE	PST	C) DEFETE	1 1 7 ITLE			LJ ostalija LJ ragalasi	
NAM:	VINCI, JOSEPH M., M.D.		1.2 NAME	ADDRESS			
STREET ADDRESS	20864 CIPRES WAY BOCA RATON FL		1.4 GHY-	i			
CHY-ST-ZIP TOTLE	D D	T DELETE 2.				Change Addition	
NAME	▼		2.2 NAME				
STHEET ADDRESS	20864 CIPRES WAY		2 3 \$1REC	1 ADDRESS			
CITY-S1-71P	BOCA RATON FL		24 CITY -	ST-ZIP		Change [] Addition	
THE		[] DELETE	3 1 TITLE			Charge () Addition	
HAME			3 2 NAME	ra 4550000			
STREET ADDRESS				ET ADDRESS			
CITY - ST - 7iP		☐ DELETE	3.4 CITY- 4. 1 TITUE		5000017	C Clarge Addition	
TITLE					5000017827名頃 (D Additio -04/16/9601124013		
NAME			4.2 NAME 4.3 STREE	1 ADDRESS	***200.00	•	
STREET ADDRESS			4.4 C/1Y	i		# # Y T T T T T T T T T T T T T T T T T	
City-SI-ZiF Title		[] DELETE	5 1 TITL			Change Addition	
NAME			5.2 NAMI				
STREET ADDRESS			5.3 STRE	ET ADDRESS			
City - S1 - 7IP			5.4 CITY	-51 · 21P		Change Addition	
THLE		[]] DELETE	6. 1 1 HL	F			
NAME			6.2 NAM		:	4-16-965k	
STREET ADDRESS			6.3 STRE	ET ADDRESS	ļ	4/16/76/51	

City: \$1-2if

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Fiorida 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 certify 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1107-750-8666 Daytime Frome #