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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

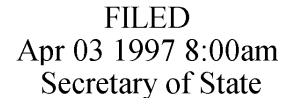
DOCUMENT # M99303

(3)

JULIE FORMOSO - ONOFRIO, M.D. AND FRANK ONOFRIO, M.D., P.A.

Principal Place of Business

Mailing Address





13562 BRIGHTSTONE WELLINGTON FL 33414		13562 BRIGHTSTONE WELLINGTON FL 33414-8901					
					3. Date Incorporated or Qualified 09/14/1988	3a. Date of Late 04/23/199	
2. Principal Pl	ace of Business	2a, Mailing Address			4. FEI Number		Applied For
21		26			65-0070373		Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	evenes .		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State			Election Campaign Financing Trust Fund Contribution		00 May Be led to Fees
Zip	Country	Ζφ	Cour	itry	8. This corporation has liability for		er s. 199.032,
24	25	29	30	******		Yes No	
	g. Name and Address of Cu				10. Name and Address of New Re	gistered Agent	
	MOSO-ONOFRIO, JULIE M.().		81 Name			
13562 BRIGHTSTONE			I	32 Street Address (P.O. Box Number is Not Acceptable)			
WELLINGTON FL 33414							
				B3			
				84 City		FL 85	Zip Code
office or re	egistered agent, or both, in the S	.0502 and 607.1508, Florida Statu State of Ftorida. Such change was Inligations of, Section 607.0505, F	authorized	by the corpora	poration submits this statement for the pation's board of directors. I hereby accept	ourpose of changir of the appointmen	ng its registered i as registered
SIGNATURE	Signature: typical or printed name of registers	ed agent and the if applicable. (NO	TE Registered	Agent signature requ	ired when reinstaling)	DATE	
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC		
TITLE	D	DELETE	1.1 107	LE	•	Char	ige 🔲 Addition 🗎
NAME	FORMOSO-ONO, JULIE M	.D.	1.2 NAI	ME			
STREET ADDRESS	13562 BRIGHTSTONE		1.3 ST	HEET ADDRESS			
DITY-ST-ZIP	WELLINGTON FL		1.4 CIT	Y-ST-ZIP			
TOTLE	D	☐ DELETE	2.1 TIT	LE		L Char	ige 🔲 Addition [
NAME	ONOFRID, FRANK S, JR N	(D	22 NA	ME			!
STREET ADDRESS	13562 BRIGHTSTONE		23 \$11	REET ADDRESS			
DitY+S1+7(P	WELLINGTON FL			IY-ST-ZIP		- 	
TITLE		DELETE	3.1 117			L. Char	ige L
NAME			3.2 NA	ME			
\$TREET ADORESS			3.3 \$10	REET ADDRESS			
CITY-ST-ZIP		DELETE		TY-ST-ZIP		100	Addition
TITLE		☐ DELETE	4.1 T(T			Char	nge [_] Addition
NAME			4. 2 NA				[
STREET ADORESS				REET ADDRESS			j
CITY-ST-ZIF		F-1 42: 24		Y - ST - ZIP		112	1 144914
TITLE		☐ DELETE	5.1 Til			☐ Char	nge Addition
NAME			5.2 NA				
STREET ADDRESS			1	REET ADDRESS			
CITY-ST-7IP				Y-ST-ZIP		Па	an destate
TITLE		DELETE	61 TiT			Char	nge L. Addition
NAME			62 NA				
STREET ADDRESS			63 ST	REET ADDRESS			
City-St-709				Y-S1-ZIP	ad in Spotiag 110 07/3Vi). Florida Statute	. 14. mlb	4b.u4.4b.a
I will I do bossi	his constitutions that information cor	antiad with this filing door not our	INV the tha	avamatian etata	an in Saction 110 (17/3Vi). Florida Statuta	se I turinor cortifu.	ingi the

ual 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 corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name