

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 12, 2008 8:00 am
Secretary of State

03-12-2008 90033 008 ***150.00

DOCUMENT # P23401

1. Entity Name
JOSEPH J. BONANNO, M.D., P.C.



Principal Place of Business

1026 MAR WALT DRIVE
FORT WALTON BEACH, FL 32547
508 BLACKWATER RUN
NICEVILLE, FL 32578

Mailing Address

1026 MAR WALT DRIVE
FORT WALTON BEACH, FL 32547
508 BLACKWATER RUN
NICEVILLE, FL 32578

40043819



02282008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
86-0544725

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ANCHORS, C. DEDON
909 MAR WALT DRIVE
SUITE 1014
FORT WALTON BEACH, FL 32548

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IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PVS
BONANNO, JOSEPH J
1026 MAR WALT DRIVE 508 BLACKWATER RUN
FORT WALTON BEACH, FL 32547 NICEVILLE, FL 32578

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
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ORIGINAL

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSEPH J. BONANNO, Joseph J. Bonanno 3/5/08 (850) 897-6779
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #