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CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 13 AM 11:25

DOCUMENT # P39027 (8)

1. Corporation Name
P. M. PALUMBO, JR., M.D., INC.

Principal Place of Business	Mailing Address
8260 LEESBURG PIKE STE. 401 VIENNA VA 22182	8260 LEESBURG PIKE STE. 401 VIENNA VA 22182

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 05/22/1992
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)
4. FEI Number: 54-0884236 ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. (22)
Suite, Apt. #, etc. (27)
5. Certificate of Status Desired ☑ $8.75 Additional Fee Required
City & State (23)
City & State (28)
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
Zip (24) Country (25)
Zip (29) Country (30)
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

PALUMBO, P. M. JR., M.D.
17 ISLA BAHIA DR.
FT. LAUDERDALE FL 33316

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	PALUMBO, JOAN B.	1.2 NAME	
STREET ADDRESS	7240 EVANS MILL RD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	MCLEAN VA	1.4 CITY-ST-ZIP	
TITLE	CDP	2.1 TITLE	☐ Change ☐ Addition
NAME	PALUMBO, P. M., JR. M.D.	2.2 NAME	
STREET ADDRESS	#17 ISLA BAHIA DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL	2.4 CITY-ST-ZIP	
TITLE	VCD	3.1 TITLE	☐ Change ☐ Addition
NAME	PALUMBO, VINCENT C., DDS	3.2 NAME	
STREET ADDRESS	3611 BRANCH AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	HILLCREST HEIGHTS MD	3.4 CITY-ST-ZIP	
TITLE	VPS	4.1 TITLE	☐ Change ☐ Addition
NAME	PALUMBO, VINCENT C., DDS	4.2 NAME	
STREET ADDRESS	3611 BRANCH AVE.	4.3 STREET ADDRESS	
CITY-ST-ZIP	HILLCREST HEIGHTS MD	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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)(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: _____ 3/22/95 (703) 893-3232
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0307832 FP