

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Corporation Bureau
Secretary of State
Division of Corporate Information

DOCUMENT # P93000014750 (2)

1. Corporation Name

ANTHONY D. BARTIROME, P.A.

Principal Place of Business

1800 SECOND STREET
SUITE 758
SARASOTA FL 34236

Mailing Address

1800 SECOND STREET
SUITE 758
SARASOTA FL-34236

2. Principal Place of Business

21 2 North Tamiami Trail

22 Suite 404

23 Sarasota, Florida

24 34236

25 USA

2a. Mailing Address

26 2 North Tamiami Trail

27 Suite 404

28 Sarasota, Florida

29 34236

30 USA

9. Name and Address of Current Registered Agent

BARTIROME, ANTHONY D
1800 SECOND STREET
SUITE 758
SARASOTA FL 34236

3. Date of Report (Month/Day/Year)

02/19/1993

3a. Date of Last Report

02/07/1994

4. FID Number

65-0388593

5. Additional Fee Required

\$8.75 Additional Fee Required

6. Election Campaign Financing

\$5.00 May Be Added to Fees

7. Election Campaign Financing

8. This corporation has liability for information under 11-100000

Florida Statutes

Yes ☐ No ☒

10. Name and Address of New Registered Agent

B1 Name BARTIROME, ANTHONY D.
B2 Street Address (P.O. Box Number or R.F.D. Acceptable) 2 North Tamiami Trail, Suite 404
B3 City Sarasota
B4 FL
B5 Zip Code 34236

11. I, the undersigned, certify that the information supplied with this report is voluntarily furnished and does not qualify for the exemption stated in Section 11-100000, Florida Statutes. I further certify that the information included 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. I am an officer or director of the corporation or the receiver or liquidator thereof to execute this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 1, or Block 2A (if exempt), or on an affidavit with an address.

SIGNATURE

[Signature]

Anthony D. Bartirome

2/9/95

12. OFFICERS AND DIRECTORS

NAME

STREET ADDRESS

CITY, STATE, ZIP

NAME

STREET ADDRESS

CITY, STATE, ZIP

NAME

STREET ADDRESS

CITY, STATE, ZIP

NAME

STREET ADDRESS

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STREET ADDRESS

CITY, STATE, ZIP

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS

NAME

STREET ADDRESS

CITY, STATE, ZIP

NAME

STREET ADDRESS

CITY, STATE, ZIP

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STREET ADDRESS

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CITY, STATE, ZIP

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STREET ADDRESS

CITY, STATE, ZIP

NAME

STREET ADDRESS

CITY, STATE, ZIP

SIGNATURE:

[Signature]

Anthony D. Bartirome

2/9/95

(813) 955-5541

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR