

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P93000014750 (2)**

1. Corporation Name

ANTHONY D. BARTIROME, P.A.



Principal Place of Business

**2 NORTH TAMiami TRAIL
STE-404
SARASOTA FL 34236
US**

Mailing Address

**2 NORTH TAMiami TRAIL
STE-404
SARASOTA FL 34236
US**

2. Principal Place of Business

21 **2 North Tamiami Trail**

22 Suite, Apt. #, etc.
Suite 408

23 City & State
Sarasota, Florida

24 Zip Country
34236 USA

2a. Mailing Address

26 **2 North Tamiami Trail**

27 Suite, Apt. #, etc.
Suite 408

28 City & State
Sarasota, Florida

29 Zip Country
34236 USA

3. Date Incorporated or Qualified

02/19/1993

3a. Date of Last Report

02/14/1995

4. FET Number

65-0388593

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**BARTIROME, ANTHONY D
2 NORTH TAMiami TRAIL
STE-404
SARASOTA FL 34236**

10. Name and Address of New Registered Agent

81 Name
BARTIROME, ANTHONY D.

82 Street Address (P.O. Box Number is Not Acceptable)
2 North Tamiami Trail

83 Suite
Suite 408

84 City
Sarasota

FL 85 Zip Code
34236

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

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

Anthony D. Bartirome
(NOTE: Registered Agent signature required when reappointing)

DATE **1/17/96**

12. OFFICERS AND DIRECTORS

TITLE **PST** ☐ DELETE
NAME **BARTIROME, ANTHONY D**
STREET ADDRESS **1104 PALMA SOLA BLVD**
CITY-ST-ZIP **BRADENTON FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP **34209**

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Anthony D. Bartirome**

1/17/96 (941) 955-5541

Display Name #

CR2E034 (12/95)