

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

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**
95 MAR 28 PM 2:11

DOCUMENT # P93000055158 (8)

1. Corporation Name

**ALL AMERICAN VASCULAR CLINIC OF COUNTRY SIDE, IN
C.**

Principal Place of Business

**2555 ENTERPRISE RD
SUITE 2
CLEARWATER FL 34616
US**

Mailing Address

**2555 ENTERPRISE RD
SUITE 2
CLEARWATER FL 34616
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

08/02/1993

3a. Date of Last Report

03/22/1994

2. Principal Place of Business

21

2a. Mailing Address

26

4. FBI Number

59-3195442

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

10. Name and Address of New Registered Agent

**DEPAZ, SIMONE
2681 CROWN COURT
WINDSOR PINE
KISSIMMEE FL 34741**

81 Name

Depraz, Simone

82 Street Address (P.O. Box Number is Not Acceptable)

2555 Enterprise Road, Suite 2

83

84 City

Clearwater

FL

85 Zip Code

34616

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 title if applicable

(NOTE: Registered Agent signature required when renewing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D**
NAME **DEPAZ, SIMONE**
STREET ADDRESS **2681 CROWN CT/ WINDSOR PINE**
CITY - ST - ZIP **KISSIMMEE FL 34741**

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

☒ Change ☐ Addition

**2555 Enterprise Road, Suite 2
Clearwater, FL 34616**

TITLE **D**
NAME **CELLAMARE, EDNA J**
STREET ADDRESS **3220 CHARIOT PL**
CITY - ST - ZIP **ORLANDO FL 32818**

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

☐ Change

☐ Addition

TITLE **D**
NAME **GREGORIUS, JOSEPH S**
STREET ADDRESS **1908 FREEPORT ST**
CITY - ST - ZIP **ORLANDO FL 32808**

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change

☐ Addition

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:

Simone Depraz
DEPAZ SIMONE

03-22-95

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

Date

Signature (Typed)