

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P94000018793 (7)

1. Corporation Name

GREG TROTTA, D.C., P.A.

Principal Place of Business

2140 N.W. 84TH TERRACE
PEMBROKE PINES FL 33024

Mailing Address

2140 N.W. 84TH TERRACE
PEMBROKE PINES FL 33024-3424

2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

22

26 Suite, Apt. #, etc.

27

28 City & State

23

29 Zip

30 Country

9. Name and Address of Current Registered Agent

TROTTA, GREG
2140 N.W. 84TH TERRACE
PEMBROKE PINES FL 33024

81 Name

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

83

84 City

10. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Change Addition

TITLE

D

NAME
TROTTA, GREG
STREET ADDRESS
1384 CORAL RIDGE DRIVE
CITY-ST-ZIP
CORAL SPRINGS FL

11. TITLE

12. NAME

13. STREET ADDRESS

14. CITY-ST-ZIP

TITLE

21. TITLE

NAME

22. NAME

STREET ADDRESS

23. STREET ADDRESS

CITY-ST-ZIP

24. CITY-ST-ZIP

TITLE

31. TITLE

NAME

32. NAME

STREET ADDRESS

33. STREET ADDRESS

CITY-ST-ZIP

34. CITY-ST-ZIP

TITLE

41. TITLE

NAME

42. NAME

STREET ADDRESS

43. STREET ADDRESS

CITY-ST-ZIP

44. CITY-ST-ZIP

TITLE

51. TITLE

NAME

52. NAME

STREET ADDRESS

53. STREET ADDRESS

CITY-ST-ZIP

54. CITY-ST-ZIP

TITLE

61. TITLE

NAME

62. NAME

STREET ADDRESS

63. STREET ADDRESS

CITY-ST-ZIP

64. CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing 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:

Sandra B. Mortham Greg Trotta

FILED
Mar 14 1997 8:00am
Secretary of State



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