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 # P94000070650 (4)

1. Corporation Name

ANTHONY J. GUADAGNO, O.D., P.A.

Principal Place of Business	Mailing Address
1505 N. DALE MABRY HIGHWAY TAMPA FL 33607	1505 N. DALE MABRY HIGHWAY TAMPA FL 33607

3. Date Incorporated or Qualified: 09/26/1994
3a. Date of Last Report: 03/22/1995

2. Principal Place of Business	2a. Mailing Address
21 27001 US 19N.	26 27001 US 19N.
Suite, Apt. #, etc. 22 SUITE # 2004	Suite, Apt. #, etc. 27 SUITE # 2004
City & State 23 CLEARWATER, FL	City & State 28 CLEARWATER, FL
Zip / Country 24 34621 / 25 Pinellas	Zip / Country 29 34621 / 30 Pinellas

4. FEI Number: 59-3269812 ☐ 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

GUADAGNO, ANTHONY J
1505 N DALE MABRY HWY
TAMPA FL 33607

10. Name and Address of New Registered Agent

81 Name: GUADAGNO, ANTHONY J.
82 Street Address (P.O. Box Number is Not Acceptable): 27001 US 19N.
83: SUITE # 2004
84 City: CLEARWATER, FL 85 Zip Code: 34621

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] DATE: 3/12/96
Signature, typed or printed name of registered agent and title if applicable. INOTE: Registered Agent signature required when name changed

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE	DR.	☒ Change ☐ Addition
NAME	GUADAGNO, ANTHONY J		1.2 NAME	GUADAGNO, ANTHONY J.	
STREET ADDRESS	1505 N. DALE MABRY HIGHWAY		1.3 STREET ADDRESS	27001 US 19N. SUITE # 2004	
CITY-ST-ZIP	TAMPA FL 33607		1.4 CITY-ST-ZIP	CLEARWATER, FL 34621	
TITLE		☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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] P.A. ANTHONY J. GUADAGNO, O.D., P.A. 3/12/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

Daytime Phone: (813) 669-6369