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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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
6123 STATE RD 54 SUITE 2004 NEW PORT RICHEY FL 34653 US	6123 STATE RD 54 SUITE 2004 NEW PORT RICHEY FL 34653 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/26/1994

2. Principal Place of Business	2a. Mailing Address
21 104 W. VINE ST.	26 3200 OLD WINTER GARDEN RD
Suite, Apt. #, etc. 22 SUITE C	Suite, Apt. #, etc. 27 APT # 2824
City & State 23 KISSIMMEE FL	City & State 28 OCOEE FL
Zip / Country 24 34741 / 25 USA	Zip / Country 29 34761 / 30 USA

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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☑ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
GUADAGNO, ANTHONY J 6123 STATE RD. 54 SUITE 2004 NEW PORT RICHEY FL 34653	81 Name: GUADAGNO, ANTHONY J. 82 Street Address (P.O. Box Number is Not Acceptable): 3200 OLD WINTER GARDEN RD #2824 83 84 City: OCOEE FL 85 Zip Code: 34761

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE	P	☑ Change ☐ Addition
NAME	GUADAGNO, ANTHONY J		1.2 NAME	GUADAGNO, ANTHONY J.	
STREET ADDRESS	6123 STATE RD. 54		1.3 STREET ADDRESS	3200 OLD WINTER GARDEN RD #2824	
CITY-ST-ZIP	NEW PORT RICHEY FL		1.4 CITY-ST-ZIP	OCOEE, FL 34761	
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 (10/97)

14. I 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: _____ 1/30/98 (407)294-1098