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 # P95000066434 (8)

VINCENT J. DILELLA, D.O., P.A. Principal Prace of Business 180 PATRICIA AVE. DUNEDIN FL 34698 DUNEDIN FL 34698-8103								
					3. Date incorporated or Qualified 08/28/1995		of Last Re 3/1996	eport
L_a_ '	hace of Business	2a. Mailing Address			4. FEI Number) - '-	plied For
21	# +L-	26 Suite, Apt. #, etc.			59-3333646			t Applicable
Suite, Apt. #, otc 22		F1	27		5. Certificate of Status Desired		\$8.75 A	
City & State	€	City & State	\$ 		6. Election Campaign Financing		\$5.00	
23		28			Trust Fund Contribution		Added t	
Zip	Country	Zip			8. This corporation has liability for intangible tax under s. 199.032.			
24	25 Name and Address of	29 30 30 and Address of Current Registered Agent			Florida Statutes Yes No 10. Name and Address of New Registered Agent			
Dil F	ELLA, VINCENT J D.O.	Cuttern neglistered Agent	81	Name	IQ, Name and Address of New No	Sistered W	Join	
	PATRICIA AVE.		82	Chront A date	ess (P.O. Box Number is Not Acceptab	- Lab		
	IEDIN FL 34698		02	Oliger Moore	ess (r.o. box number is not acceptate	161		
			83					
			84	City		FL	85 Zip (Code
office or r agent. I a SIGNATURE	rn familiar with, and accept the	ne obligations of, Section 607.0505, F	authorized by t lorida Statutes. TE: Registered Agent		oration submits this statement for the pon's board of directors. I hereby accepted when reinstains () ADDITIONS/CHANGES TO OFFICE	DATE		
TITLE	PVTS	DELETE	1.1 TITLE	·T	7007107077717020 10 01710		Change	Addition
NAME	DILELLA, VINCENT J.		1.2 NAME].				
STREET ADORESS	180 PATRICIA AVENUE		1.3 STREET A	ODRESS				
C-TY-ST-7/P	DUNEDIN FL		1.4 CITY-\$T-	ZIP				
TITLE	_		2.1 TITLE	ļ		L	Change	☐ Addition
NAME	Į.		2.2 NAME	nonesc				
STREET ADDRESS OUTY-ST-712			2.3 STREET AL	1				
Title		DELETE	3.1 TIFLE	ZIF			Change	Addition
NAME			3.2 NAME					
STREET ADDRESS			3.3 STREET AL	DORESS				ĺ
CITY-ST-ZIP			3.4. CITY-ST-	ZIP			7 &	
THLE		DELETE	4.1 TITLE	ľ		L	Change	☐ Addition
NAME			4. 2 NAME					
STREET ADDRESS			4.3 STREET A	1				
DITY-SI-ZIP TITLE		DELETE	4.4 CITY-ST- 5.1 TIFLE	Zr			Change	Addition
NAME .		had boat to	5.2 NAME			_		
SIPEET ADORESS			5.3 STREET A	DORESS				
CITY-ST-7IP			5.4 CITY-ST-					
TITLE		☐ DELETE	6.1 TITLE				Change	Addition
NAME			6.2 NAME	\				
STREET ADDRESS			6.3 STREET A	DORESS				
1 020 02 700	1		0.4.0004.07	200				ļ

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:

MOST AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

4-23-97

813-443-7583

FILED

Apr 28 1997 8:00am

Secretary of State

ne Phone P