

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
 AMOUNT DUE ON OR BEFORE 09/15/99: \$350 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**FILED**  
**Jul 12, 1999 8:00 am**  
**Secretary of State**

07-12-1999 90010 025 \*\*\*550.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **P95000075689**

Corporation Name  
**SCOTT DELBOCCIO, DMD, P.A.**



Principal Place of Business: 100 TAMiami TRAIL NORTH SUITE 202 NALES FL 34103  
 Mailing Address: 5100 TAMiami TRAIL NORTH SUITE 202 NALES FL 34103 US

DO NOT WRITE IN THIS SPACE

Principal Place of Business	2a. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

3. Date Incorporated or Qualified	10/02/1995
4. FEI Number	65-0610941
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property.	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

**PAULICH, JOHN III**  
**2150 GOODLETTE ROAD**  
**6TH FLOOR**  
**NAPLES FL 33940**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL 85 Zip Code

I, 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.

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

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME	DE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
DELBOCCIO, SCOTT	<input type="checkbox"/> DELETE	1.2 NAME	
3811 SNOWFLAKE LANE		1.3 STREET ADDRESS	1920 6th St. S.
NAPLES FL 33962		1.4 CITY-ST-ZIP	Naples, FL 34102
NAME	DE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
DELBOCCIO, LINDA	<input type="checkbox"/> DELETE	2.2 NAME	
3811 SNOWLAKE LANE		2.3 STREET ADDRESS	1920 6th St. S.
NAPLES FL		2.4 CITY-ST-ZIP	Naples, FL 34102
NAME	DE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> DELETE	3.2 NAME	
		3.3 STREET ADDRESS	
		3.4 CITY-ST-ZIP	
NAME	DE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> DELETE	4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	
NAME	DE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> DELETE	5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
NAME	DE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> DELETE	6.2 NAME	
		6.3 STREET ADDRESS	
		6.4 CITY-ST-ZIP	

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: \_\_\_\_\_ DATE: 7/3/99 DAYTIME PHONE #: 941-262-7708

CR2E034 (5/99)