

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).

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.**

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

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



Principal Place of Business  
**100 TAMiami TRAIL NORTH  
SUITE 202  
NALES FL 34103  
S**

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 |         | 3. Date Incorporated or Qualified<br><b>10/02/1995</b>  |  |
| Suite, Apt. #, etc.         |         | Suite, Apt. #, etc. |         | 4. FEI Number<br><b>65-0610941</b>  |  |
| City & State                |         | City & State        |         | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                                     |  |
| Zip                         | Country | Zip                 | Country | 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>               |  |
| 25                          |         | 29                  | 30      | 8. This corporation owes the current year<br>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   |
| 85 | Zip Code   |

**FL**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

|                    |                            |                                 |
|--------------------|----------------------------|---------------------------------|
| 1. NAME            | <b>D DELBOCCIO, SCOTT</b>  | <input type="checkbox"/> DELETE |
| 2. STREET ADDRESS  | <b>3811 SNOWFLAKE LANE</b> |                                 |
| 3. CITY-STATE-ZIP  | <b>NAPLES FL 33962</b>     |                                 |
| 4. NAME            | <b>ST DELBOCCIO, LINDA</b> | <input type="checkbox"/> DELETE |
| 5. STREET ADDRESS  | <b>3811 SNOWFLAKE LANE</b> |                                 |
| 6. CITY-STATE-ZIP  | <b>NAPLES FL</b>           |                                 |
| 7. NAME            |                            | <input type="checkbox"/> DELETE |
| 8. STREET ADDRESS  |                            |                                 |
| 9. CITY-STATE-ZIP  |                            |                                 |
| 10. NAME           |                            | <input type="checkbox"/> DELETE |
| 11. STREET ADDRESS |                            |                                 |
| 12. CITY-STATE-ZIP |                            |                                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |  |
|--------------------|--|
| 1.1 TITLE          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           |  |
| 1.3 STREET ADDRESS | <b>1920 6th St. S.</b>   |
| 1.4 CITY-STATE-ZIP | <b>Naples, FL 34102</b>  |
| 2.1 TITLE          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           |  |
| 2.3 STREET ADDRESS | <b>1920 6th St. S.</b>   |
| 2.4 CITY-STATE-ZIP | <b>Naples, FL 34102</b>  |
| 3.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 3.2 NAME           |  |
| 3.3 STREET ADDRESS |  |
| 3.4 CITY-STATE-ZIP |  |
| 4.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 4.2 NAME           |  |
| 4.3 STREET ADDRESS |  |
| 4.4 CITY-STATE-ZIP |  |
| 5.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 5.2 NAME           |  |
| 5.3 STREET ADDRESS |  |
| 5.4 CITY-STATE-ZIP |  |
| 6.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 6.2 NAME           |  |
| 6.3 STREET ADDRESS |  |
| 6.4 CITY-STATE-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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7/3/99 941-262-7708**

Date

Daytime Phone #

CR2E034 (5/99)