

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morthan
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000096215 (5)

1. Corporation Name

SIMEON & DAL SANTO, O.D., P.A.



Principal Place of Business

3730 HIGHWAY 98 NORTH
LAKELAND FL 33809

Mailing Address

3730 HIGHWAY 98 NORTH
LAKELAND FL 33809

2. Principal Place of Business

2a. Mailing Address

21. State, Apt. #, etc.

26. State, Apt. #, etc.

22. City & State

27. City & State

23. Zip

Country

28. Zip

Country

24.

25.

29.

30.

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

12/18/1995

3a. Date of Last Report

4. FEI Number

59-3352047

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

10. Name and Address of New Registered Agent

SIMEON, RONALD H
3730 HIGHWAY 98 NORTH
LAKELAND FL 33809

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

FL

85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1504, 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 of the person making the change of agent and the Zip Code

Signature of the Registered Agent (Signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

1. TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

1. TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

1. TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

1. TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

1. TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

1. TITLE

12. NAME

1. STREET ADDRESS

14. CITY-STATE-ZIP

2. TITLE

22. NAME

2. STREET ADDRESS

24. CITY-STATE-ZIP

3. TITLE

32. NAME

3. STREET ADDRESS

34. CITY-STATE-ZIP

4. TITLE

42. NAME

4. STREET ADDRESS

44. CITY-STATE-ZIP

5. TITLE

52. NAME

5. STREET ADDRESS

54. CITY-STATE-ZIP

6. TITLE

62. NAME

6. STREET ADDRESS

64. CITY-STATE-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/2/96

541-853-9606

Daytime Phone

CR2E034 (12/95)