

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Feb 06 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000017331 (5)

1. Corporation Name

EMILIO ANTONETTI, M.D., P.A.

Principal Place of Business

5149 N 9TH AVE, SUITE 210  
PENSACOLA FL

Mailing Address

5149 N 9TH AVE, SUITE 210  
PENSACOLA FL

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/26/1996

4. FEI Number

59-3365149

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$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

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ANTONETTI, EMILIO  
5149 N 9TH AVE, SUITE 210  
PENSACOLA FL

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 607.1508, 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-29-98

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	ANTONETTI, EMILIO	
STREET ADDRESS	5149 N 9TH AVE, SUITE 210	
CITY-ST-ZIP	PENSACOLA FL	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.2 NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.3 STREET ADDRESS		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

2.2 NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

2.3 STREET ADDRESS		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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2.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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3.2 NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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3.3 STREET ADDRESS		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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3.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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4.2 NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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4.3 STREET ADDRESS		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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4.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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5.2 NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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5.3 STREET ADDRESS		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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5.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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6.2 NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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6.3 STREET ADDRESS		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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6.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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

1-29-98

850 476-0500

CR2E034 (10/97)