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Feb 06 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000057223 (5)

1. Corporation Name

JAMES J. BUONAVOLONTA, M.D., P.A.



Principal Place of Business
649 EIGHTH STREET NORTH
NAPLES FL 33940

Mailing Address
649 EIGHTH STREET NORTH
NAPLES FL 34102-5522

3. Date Incorporated or Qualified
07/05/1996

3a. Date of Last Report

2. Principal Place of Business

21 649 8th Street North

Suite, Apt. #, etc.

22

City & State

23 Naples, FL

24 34102

Country

25 USA

2a. Mailing Address

26 1935 8th Street South

Suite, Apt. #, etc.

27

City & State

28 Naples, FL

29 34102

Country

30 USA

4. FEI Number

59-3394069

Applied For

Not Applicable

6. 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

9. Name and Address of Current Registered Agent

BUONAVOLONTA, JAMES J
649 EIGHTH STREET NORTH
NAPLES FL 33940

10. Name and Address of New Registered Agent

81 Name

Buonavolonta, James J

82

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

1935 8th Street South

83

84

City
Naples,

FL

85 Zip Code
34102

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 firm if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME BUONAVOLONTA, JAMES J
STREET ADDRESS 649 EIGHTH STREET NORTH
CITY-ST-ZIP NAPLES FL 33940

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☒ Change ☐ Addition
1.2 NAME BUONAVOLONTA, JAMES J
1.3 STREET ADDRESS 1935 8th Street South
1.4 CITY-ST-ZIP Naples, FL 34102

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

x 1/31/97

x 941-4846900

CR2E034 (9/96)