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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

P96000057730 (9) **DOCUMENT** # 1, Corporation Name

Principal Place of Business Mailing Address 1210 SOUTH OLD DIXIE HIGHWAY 6909 CYPRESS COVE CIRCLE JUPITER FL 33458-3793 JUPITER FL 33458

FILED Feb 10 1998 8:00am Secretary of State

VINCENT J. TURIANO, M.D., P.A. DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/10/1996 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For PRESS COVE GROW 6989 21 65-068 1562 Not Applicable Suite, Apt #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6, Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Zφ 8. This corporation owes or has paid the current year Intangible 24 25 29 Personal Property Tax due June 30. Yes ☐ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent **B1** Name TURIANO, VINCENT J 6989 CYPRESS COVE CIRCLE 82 Street Address (P.O. Box Number is Not Acceptable) JUPITER FL 33458 83 84 City 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

VINCAN

VI and title dappo DATE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 13. DELETE Change Addition TITLE 1.1 TITLE NAME TURIANO, VINCENT J 1.2 NAME CR2E034 1210 SOUTH OLD DIXIE HIGHWAY STREET ADDRESS 1.3 STREET ADDRESS CITY-ST-ZIP JUPITER FL 33458 1.4 CITY - ST-ZIP DELETE Change Addition 2.1 TITLE TITLE 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 City-St-ZiP DELETE Change Addition 3.1 TITLE TITLE NAME 3.2 NAME STREET ADDRESS 3 3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition A.1 TITLE TITLE 4. 2 NAME MALLE 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 44 CITY-ST-ZIP DELFTE Change Addition 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST-ZIP CITY-ST-ZIP Addition DELETE Change 6.1 TITLE TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP

14. Thereby 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 or an attachment with an address

SIGNATURE:

PRESIDENT 2398

561-744-5294