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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # P96000057730

Country

9. Name and Address of Current Registered Agent

25

6989 CYPRESS COVE CIRCLE

TURIANO, VINCENT J

VINCENT J. TURIANO, M.D., P.A.

Principal Place of Business

Mailing Address

1210 SOUTH OLD DIXIE HIGHWAY JUPITER FL 33458

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

21

22

23

24

Zip

6989 CYPRESS COVE CIR JUPITER FL 33458-3793 US

2a. Mailing Address

City & State

Suite, Apt. #, etc.

26

27

28

29

Zip

FILED

Mar 04, 1999 8:00 am Secretary of State

03-04-1999 90042 004 ***150.00

DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable

□No

07/10/1996

65-0681562

5. Certifcate of Status Desired

6, Election Campaign Financing

This corporation owes the current year Intangible
Personal Property Tax.
Yes

10. Name and Address of New Registered Agent

Trust Fund Contribution

Personal Property Tax.

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

4. FEI Number

JUPITER FL 33458			3							·
		84	'				FL	85	Zip C	
office or n	to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, egistered agent, or both, in the State of Florida. Such change was auth m familiar with, and accept the obligations of, Section 607.0505, Florid	norized bi	y the c	ned corporation sub orporation's board	mits this staten of directors. I he	nent for the purp ereby accept th	pose of e appoir	changi itment	ng its r as regi	egistered istered
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Ri	egistered Ag	ent signa	ture required when reinstal	ling)		DATE			{
12.	OFFICERS AND DIRECTORS	13.			ITIONS/CHANG	ES TO OFFICI	ERS AN	D DIRI	CTOP	RS IN 12
TITLE	PD DELETE	1.1 TITLE				_	☐ Change		Addition	
NAME	TURIANO, VINCENT J	1.2 NAME								
STREET ADDRESS	1210 SOUTH OLD DIXIE HIGHWAY	1.3 STREET ADDRESS		ESS						1
CITY-ST-ZIP	JUPITER FL 33458	14 CITY-	ST-ZIP							
TITLE	☐ DELETE	2.1 TITLE						Ch	ange	☐ Addition
NAME		2.2 NAME								
STREET ADDRESS		2.3 STRE	ET ADDR	ESS						1
CITY-ST-ZIP		2.4 CITY-	ST-ZIP			<u> </u>	٠			
TITLE	DELETE	3.1 TITLE						☐ Ch	ange	☐ Addition
NAME		3.2 NAME		[ĺ
STREET ADDRESS		3.3 STRE	ET ADOR	ESS						
CITY-ST-ZIP		3.4. CITY-	ST-ZIP							
TITLE	DELETE	4.1 TITLE						□ Cr	ange	☐ Addition
NAME		4, 2 NAMI	E							
STREET ADDRESS		4.3 STRE	ET ADDR	ESS						
CITY-ST-ZIP		4.4 CITY-								Addition
TITLE	☐ DELETE	5.1 TITLE						Cr	ange	L Addicon
NAME		5.2 NAME								
STREET ADDRESS		5.3 STRE		ESS						Ì
CITY-ST-ZIP		5.4 CITY-		 _				☐ Ch	0000	Addition (
TITLE	DELETE	6.1 TITLE						LJU	anye	
NAME		6.2 NAME		N=00						}
STREET ADDRESS		63 STRE		Œ35						}
CITY-ST-ZIP	at the state of th	6.4 CITY-		tatand in Continue date	07/2)/i) Elorid	o Statutos I fili	thar car	life tha	t the in	formation

Country

30

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, with all other like empowered.

SIGNATURE:

561-744-5294