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

PROFIT CORPORATION ANNUAL REPORT

1998

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS **FILED**

May 27 1998 8:00am

Secretary of State

DOCUMENT #
1. Corporation Name

P96000057937 (0)

VINCENT R. MILIONE, D.P.M., P.A.

Mailing Address Principal Place of Business 11788 EAST COLONIAL DRIVE 11788 EAST COLONIAL DRIVE ORLANDO FL 32817 ORLANDO FL 32817 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/09/1996 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For 59-3387205 Not Applicable 26 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 Trust Fund Contribution Added to Fees 23 28 Zip Country Zıpı Country 8. This corporation owes or has paid the current year Intangible Yes 30 Personal Property Tax due June 30. 24 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name MILIONE, VINCENT R D.P.M. 11788 EAST COLONIAL DRIVE Street Address (P.O. Box Number is Not Acceptable) ORLANDO FL 32817 83 84 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, type dior printed name of registered agent and trie if apposable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. 12. DELETE Change Addition PSTD 1.1 TITLE TITLE MILIONE, VINCENT R D.P.M. 1.2 NAME NAME 11788 EAST COLONIAL DRIVE STREET ADDRESS 1.3 STREET ADDRESS ORLANDO FL 32817 CITY-ST-ZIP 14 CITY-ST-ZIP Change Addition DELETE 21 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2 4 CITY - ST - ZIP CITY-ST-ZIP Change Addition ☐ DELETE 3 1 TITLE TITLE 3.2 NAME NAME STREET ADDRESS 33 STREET ADDRESS 34. CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 4.1 TO LE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 44 CITY-SY-ZIP CITY-ST-ZIP Change Addition DELETE 51 TITLE TITLE 52 NAME NAME 53 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP DELETE ☐ Change ☐ Addition 6.1 TITLE TITLE 6.2 NAME NAME STREET ADDRESS **6.3 STREET ADDRESS**

14. I hereby cortify 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 possible the corporation with an address.

6.4 CITY-ST-ZIP