

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

FILED  
Sep 14 1998 8:00am  
Secretary of State

DOCUMENT # P96000092368 (5)

1. Corporation Name

ANTHONY J PANARIELLO, MD., P.A.



Principal Place of Business

21110 BISCAYNE BOULEVARD  
SUITE 206  
MIAMI FL 33180

Mailing Address

21110 BISCAYNE BOULEVARD  
SUITE 206  
MIAMI FL 33180

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/12/1996

4. FEI Number

65-0708437

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 1380 NE miami GARDENS DRIVE  
Suite, Apt. #, etc.

22 100

City & State

23 NORTH miami BEACH, FLORIDA

Zip

24 33179

Country

25 USA

2a. Mailing Address

26 1380 NE miami GARDENS DRIVE  
Suite, Apt. #, etc.

27 SUITE 100

City & State

28 NORTH miami BEACH, FLORIDA

Zip

29 33179

Country

30 USA

9. Name and Address of Current Registered Agent

PANARIELLO, ANTHONY J M.D.  
21110 BISCAYNE BOULEVARD  
SUITE 206  
MIAMI FL 33180

10. Name and Address of New Registered Agent

81 Name

Anthony J. Panariello MD.

82 Street Address (P.O. Box Number Is Not Acceptable)

1380 NE. MIAMI GARDENS PR.

83

Suite 100

84 City

N.M.B.

FL

85 Zip Code

33179

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

*Anthony J. Panariello*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
PANARIELLO, ANTHONY J M.D.  
21110 BISCAYNE BOULEVARD, SUITE 206  
MIAMI FL 33180

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

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CITY-ST-ZIP

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
Panariello, Anthony J. MD.  
1380 NE. MIAMI GARDENS DRIVE #100  
North miami Beach, FL, 33179

Change Addition

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

Change Addition

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

Change Addition

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

Change Addition

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

Change Addition

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

Change Addition

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

*Anthony J. Panariello*

CR2E034 (5/98)