

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jul 30, 1999 8:00 am
Secretary of State

07-30-1999 90009 012 ***150.00

DOCUMENT # P98000027572

1. Corporation Name

DR. MASSIMO R. GRAMANZINI, O.D., P.A.

Principal Place of Business

**3200 NORTH OCEAN DRIVE
#106
HOLLYWOOD FL 33019**

Mailing Address

**3200 NORTH OCEAN DRIVE
#106
HOLLYWOOD FL 33019**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/25/1998

4. FEI Number

65-0839159

Applied For

Not Applicable

5. 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 owes the current year
Intangible Personal Property. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**GRAMANZINI, MASSIMO R
3200 NORTH OCEAN DRIVE
#106
HOLLYWOOD FL 33019**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE
NAME **GRAMANZINI, MASSIMO R**
STREET ADDRESS **3200 NORTH OCEAN DR, #106**
CITY-ST-ZIP **HOLLYWOOD FL 33019**

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 ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

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 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

Date

Daytime Phone #

CR2E034 (5/99)

549150-90009-12

P 98000027572

Sewell and Company, PA
Certified Public Accountants

Thomas E. Sewell, CPA • Jack DiTraglia, CPA • Ross Oppenheimer, CPA

8080 PASADENA BOULEVARD
PEMBROKE PINES, FL 33024
(954) 432-3100 (305) 620-0616
(800) 432-0085
FAX (954) 436-6898

6249 HOLLYWOOD BOULEVARD
HOLLYWOOD, FL 33024
(954) 962-3033
FAX (954) 962-6255

July 20, 1999

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Dr. Massimo R. Gramanzini, O.D., P.A.
P98000027572

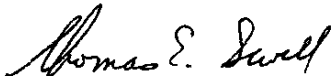
Dear Sir:

The taxpayer referenced above recently received notification from your office that his corporation was going to be dissolved for failure to file the 1999 corporation annual report. We have researched this matter and find no record of the taxpayer having received the original 1998 Annual Report from your office. This taxpayer is a new corporation and would very much like to be in compliance with the laws of the State of Florida. Even though this is a new corporation, Dr. Gramanzini has been very diligent in filing all tax and government related forms to date. For some unknown reason, the 1999 form was never received.

Enclosed is a check for \$150, payment for the original filing fee. Due to the taxpayer's certainty that no form was ever received, as well as the fact that this is a new corporation just getting started in business, we respectfully request your consideration in waiving the reinstatement fees for Dr. Massimo R. Gramanzini, O.D., P.A.

Thank you for your cooperation in this matter.

Very truly yours,



Thomas E. Sewell, C.P.A.
SEWELL AND COMPANY, PA

TES/dl
Encl.

CC: Dr. Massimo R. Gramanzini, O.D., P.A.