FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

FILED
Apr 08 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **S18764** **(8)**

1. Corporation Name
THOMAS J. ALI, P.A.

Principal Place of Business	Mailing Address
6650 INDINTOWN ROAD SUITE 200 JUPITER FL 33458 US	6650 INDIANTOWN RD SUITE 200 JUPITER FL 33458-3971 US

2. Principal Place of Business 21 6650 West Indiantown Road Suite, Apt. #, etc. 22 Suite 200 City & State 23 Jupiter, Florida Zip 24 33458 Country 25	2a. Mailing Address 26 6650 West Indiantown Road Suite, Apt. #, etc. 27 Suite 200 City & State 28 Jupiter, Florida Zip 29 33458 Country 30

3. Date Incorporated or Qualified: **12/17/1990**
3a. Date of Last Report: **04/09/1996**
4. FEI Number: **65-0234157** ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

ALI, THOMAS J
6650 INDIANTOWN ROAD SUITE 200
14155 U.S. HIGHWYA ONE
JUPITER FL 33458

address is 6650 West Indiantown Road Suite 200 Jupiter, Fla.

10. Name and Address of New Registered Agent

81 Name: Ali, Thomas J.
82 Street Address (P.O. Box Number is Not Acceptable)
83: 6650 West Indiantown Road, Suite 200
84 City: Jupiter **FL** 85 Zip Code: 33458

11. Pursuant to the provisions of Sections … above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in … zed by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept … tatutes.

SIGNATURE: Thomas J — 4-2-97
Signature, typed or printed name of re… (Registered Agent signature required when reinstating) — DATE

12. OFFIC… — ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ALI, THOMAS J 6650 INDIANTOWN ROAD SUITE 200 JUPI > West	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (9/96)

14. I do 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: [illegible] Thomas J. Ali, D — 4-2-97 — 561-748-8000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #