

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # S57211 (2)

1. Corporation Name
ELMO L. ALBERTELLI, D.D.S., P.A.



Principal Place of Business: **2950 GLENPARK RD. PALM HARBOR FL 34683**
Mailing Address: **2950 GLENPARK RD. PALM HARBOR FL 34683**

3. Date Incorporated or Qualified: **06/05/1991**
3a. Date of Last Report: **03/23/1995**

21	22	23	24	25	26	27	28	29	30	4.	5.	6.	8.
Principal Place of Business		Mailing Address		FEI Number		Certificate of Status Desired		Election Campaign Financing		Date of Last Report		Date of Last Report	
2950 GLENPARK RD. PALM HARBOR FL 34683		2950 GLENPARK RD. PALM HARBOR FL 34683		59-3072543		<input type="checkbox"/>		<input type="checkbox"/>		03/23/1995		03/23/1995	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Applied For		Additional Fee Required		Trust Fund Contribution		Not Applicable		\$8.75 Additional Fee Required	
City & State		City & State		City & State		City & State		May Be Added to Fees		Yes		No	
Zip		Country		Zip		Country		This corporation has liability for intangible tax under s. 199.032, Florida Statutes		Yes		No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
PUNZAK, DAVID R. 100 2ND AVE. SOUTH SUITE 1202 ST. PETERSBURG FL 33701				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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: _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE: _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input type="checkbox"/> DELETE	1. 1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	ALBERTELLI, ELMO L.		1. 2 NAME				
STREET ADDRESS	2950 GLENPARK RD.		1. 3 STREET ADDRESS				
CITY-ST-ZIP	PALM HARBOR FL		1. 4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	2. 1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME			2. 2 NAME				
STREET ADDRESS			2. 3 STREET ADDRESS				
CITY-ST-ZIP			2. 4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	3. 1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME			3. 2 NAME				
STREET ADDRESS			3. 3 STREET ADDRESS				
CITY-ST-ZIP			3. 4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	4. 1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME			4. 2 NAME				
STREET ADDRESS			4. 3 STREET ADDRESS				
CITY-ST-ZIP			4. 4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	5. 1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME			5. 2 NAME				
STREET ADDRESS			5. 3 STREET ADDRESS				
CITY-ST-ZIP			5. 4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	6. 1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME			6. 2 NAME				
STREET ADDRESS			6. 3 STREET ADDRESS				
CITY-ST-ZIP			6. 4 CITY-ST-ZIP				

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Elmo L. Albertelli, D.D.S., P.A.* **2-12-96** (813)-785-5123
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)