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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #
1. Corporation Name

S63787

(3)

DR. JACK A. MICELI, P.A.



Principal Place of Business		Mailing Address	Malling Address		r nativiara iva brisa kishi idada tarih tada akali bibit		
693 SW PORT ST. LUCIE BLVD. PORT ST. LUCIE FL 34953			693 SW PORT ST. LUCIE BLVD. PORT ST. LUCIE FL 34953				
2 Delegated Di					 Date incorporated or Qualified 07/01/1991 	3a. Date of La 04/19	
21 Principa: Pi	ace of Business	2a. Mailing Address			4. FEI Number		Applied For
	t elc	Suits And # ale			65-0275004		Not Applicable
Suite, Apt. #, etc.		27			5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State 23		City & State	Orty & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country	Zip	Coun	try	8. This corporation has liability for in	ntangible tax unde	ers 199.032.
24	25	29	30		Florida Statutes	□ No	
	9. Name and Address of Cur	rent Registered Agent			10. Name and Address of New Ro	egistered Agent	
MORIL	1460.4		[8	Name			
MICELI, JACK A. 693 SW-PORT ST LUCIE BLVD			82 Street Ad		dress (P.O. Box Number is Not Acceptable)		
PORT S	ST. LUCIE FL 34953		1	13	The latest and the second seco		
			E	4 City		F 85	Zip Code
11. Pursuant to	the provisions of Sections 607.05	02 and 607.1508. Florida Str	thes the above	a named corne	pration submits this statement for the purp	FL °	
or registere familiar with	ed agent, or both, in the State of FI n, and accept the obligations of, S	lorida, Such change was auth ection 607.0505, Florida Stati	orized by the co	rporation's boa	pration submits this statement for the purp ard of directors. I hereby accept the appo	intment as registe	its registered office ired agent. I am
			-1501				
SIGNATURE _							
	alguature, typed or pricted name of registered a		(NO1£: Registered A;	gent signature require	od when reinstating)	DATE	
12.	OFFICERS /	AND DIRECTORS	(NO1£: Registered A;	gont signature require	······································	DATE DERS AND DIREC	TORS IN 12
12.	OFFICERS /				ed was noisstating: ADDITIONS/CHANGES TO OFFIC		
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certify that the information indicated on this annual report of supremental annual report is true and accurate and that my signature shall have the same legal effect as if made under appears in Block 12 or Blog. 13 of annual report of the cord real-only for reserved on this annual report of true and accurate and that my signature shall have the same legal effect as if made under appears in Block 12 or Blog. 13 of annual report of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

SIGNATURE:

NATURE AND TYPEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/96 (407) 878-650 G