

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # S66926 (4)

1. Corporation Name
BENTTREE CLINIC, INC.



Principal Place of Business Mailing Address
10935 N DALE MABRY HWY
TAMPA FL 33618 10935 N DALE MABRY HWY
TAMPA FL 33618

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Country
24 Zip 25 Country 29 Zip 30 Country

3. Date Incorporated or Qualified 07/15/1991 3a. Date of Last Report 07/31/1995
4. FEI Number 59-3085600 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

MALNATI, DON W.
10935 N DALE MABRY HWY
TAMPA FL 33618

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 of the person submitting this report and the Corporation

(If a Registered Agent, the signature required when filing this report)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
D	MALNATI, DON W.	10935 N DALE MABRY HWY	TAMPA FL	☐
D	MALNATI, ERIKA	10935 N DALE MABRY HWY	TAMPA FL	☐
D	MALNATI, ISABEL	10935 N DALE MABRY HWY	TAMPA FL	☐
D	MALNATI, ASTRID	10935 N DALE MABRY HWY	TAMPA FL	☐
				☐
				☐

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	Change	Addition
11	12	13	14	☐	☐
21	22	23	24	☐	☐
31	32	33	34	☐	☐
41	42	43	44	☐	☐
51	52	53	54	☐	☐
61	62	63	64	☐	☐

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 included 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13, changed, or on an attachment, with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/28/96 (817) 869-2225

CR2E034 (3/96)