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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **V03796** **(2)**

1. Corporation Name

RONALD J. CENTRONE, M.D., P.A.

Principal Place of Business

4331 N FEDERAL HWY #205
OAKLAND PARK FL 33308

Mailing Address

4331 N FEDERAL HWY #205
OAKLAND PARK FL 33308

3. Date Incorporated or Qualified: **12/30/1991**

3a. Date of Last Report: **11/20/1995**

4. FEI Number: **65-0305355** ☐ 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

2. Principal Place of Business
21 _____
22 Suite, Apt. #, etc. _____
23 City & State _____
24 Zip _____ 25 Country _____

2a. Mailing Address
26 _____
27 Suite, Apt. #, etc. _____
28 City & State _____
29 Zip _____ 30 Country _____

9. Name and Address of Current Registered Agent

CENTRONE, RONALD J
4331 N. FEDERAL HWY.
FT. LAUDERDALE FL 33308

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 _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE **DPC**
NAME **CENTRONE, RONALD J**
STREET ADDRESS **4331 N. FEDERAL HWY.**
CITY-ST-ZIP **FT. LAUDERDALE FL**
☐ DELETE

TITLE _____
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____
☐ DELETE

TITLE _____
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____
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CITY-ST-ZIP _____
☐ DELETE

TITLE _____
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE _____ ☐ Change ☐ Addition
12 NAME _____
13 STREET ADDRESS _____
14 CITY-ST-ZIP _____

21 TITLE _____ ☐ Change ☐ Addition
22 NAME _____
23 STREET ADDRESS _____
24 CITY-ST-ZIP _____

31 TITLE _____ ☐ Change ☐ Addition
32 NAME _____
33 STREET ADDRESS _____
34 CITY-ST-ZIP _____

41 TITLE _____ ☐ Change ☐ Addition
42 NAME _____
43 STREET ADDRESS _____
44 CITY-ST-ZIP _____

51 TITLE _____ ☐ Change ☐ Addition
52 NAME _____
53 STREET ADDRESS _____
54 CITY-ST-ZIP _____

61 TITLE _____ ☐ Change ☐ Addition
62 NAME _____
63 STREET ADDRESS _____
64 CITY-ST-ZIP _____

CR2E034 (12/95)

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)(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: Ronald J. Centrone, Pres. 1/31/96 305-938-8488

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #