

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

FLORIDA
ANNUAL REPORT
1995



STATE OF FLORIDA
DEPARTMENT OF REVENUE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

MAY 10 AM 10:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V55693**

(8)

GLAUCO MENNA, M.D., P.A.

808 JOHN STREET
ORLANDO FL 32808

21 22 23 24 25 26 27 28 29 30

3. Date of operation (or dates) **08/03/1992** 3a. Date of last Report **05/01/1994**
4. FEI Number **59-3136053** 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 Section 199.04, Florida Statutes. Yes No

9. Name and Address of Current Registered Agent
**MENNA, GLAUCO
808 JOHN STREET
ORLANDO FL 32808**

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 607.0105 and 607.1506, 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 requirements of Section 607.0105, Florida Statutes.

SIGNATURE _____

12. OFFICERS AND DIRECTORS

12a. NAME	D MENNA, GLAUCO
12b. STREET ADDRESS	808 JOHN STREET
12c. CITY	ORLANDO FL
12d. NAME	
12e. STREET ADDRESS	
12f. CITY	
12g. NAME	
12h. STREET ADDRESS	
12i. CITY	
12j. NAME	
12k. STREET ADDRESS	
12l. CITY	
12m. NAME	
12n. STREET ADDRESS	
12o. CITY	

13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 1992

13a. NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13b. STREET ADDRESS		
13c. CITY		
13d. NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13e. STREET ADDRESS		
13f. CITY		
13g. NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13h. STREET ADDRESS		
13i. CITY		
13j. NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13k. STREET ADDRESS		
13l. CITY		
13m. NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13n. STREET ADDRESS		
13o. CITY		

14. I hereby certify that the information supplied with this report is voluntarily furnished and true and equally for the corporation stated in law has filed with Florida Statutes. I further certify that the information included in this annual report is supplemental annual report is true and correct and that my signature shall have the same legal effect as if my name appears on the certificate of incorporation of the corporation. I am the officer or director of the corporation and I am the officer or director responsible for executing this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report and with an address.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPE OR PRINTED NAME OF DIRECTOR OR OFFICER

x May 95 (407) 578-4343