


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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Apr 07 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 <p>FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS</p>	
DOCUMENT # V70380 (3) 1. Corporation Name PATRICIA SCIARRINO, P.A.			
Principal Place of Business UNITY ONE AT ST. LUCIE WEST 145 NW CENTRAL PARK PLAZA, SUITE 112 PORT ST. LUCIE FL 34986		Mailing Address UNITY ONE AT ST. LUCIE WEST 145 NW CENTRAL PARK PLAZA, SUITE 112 PORT ST. LUCIE FL 34986-2482	
2. Principal Place of Business 21 1335A NW ST. LUCIE WEST BLVD Suite, Apt. #, etc. 22 SUITE #160 City & State 23 PORT ST. LUCIE, FL Zip 24 34986		2a. Mailing Address 26 1335A NW ST. LUCIE WEST BLVD Suite, Apt. #, etc. 27 SUITE #160 City & State 28 PORT ST. LUCIE, FL Zip 29 34986	
9. Name and Address of Current Registered Agent SCIARRINO, PATRICIA 8505 S. FEDERAL HIGHWAY PORT ST. LUCIE FL 34952		10. Name and Address of New Registered Agent 81 Name SCIARRINO, PATRICIA 82 Street Address (P.O. Box Number is Not Acceptable) 1335A N.W. ST. LUCIE WEST BLVD, STE 160 83 84 City PORT ST. LUCIE FL 85 Zip Code 34986	
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 <i>Patricia Sciarrino</i> Patricia Sciarrino DATE 4-1-97 <small>(NOTE: Registered Agent signature required when reinstating)</small>			
12. OFFICERS AND DIRECTORS TITLE P <input type="checkbox"/> DELETE NAME SCIARRINO, PATRICIA STREET ADDRESS 296 NW BENTLEY CR CITY-ST-ZIP PORT ST. LUCIE FL		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 34986	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	
14. I do hereby certify that the information supplied with this filing 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 recorder 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: <i>Patricia Sciarrino</i> Patricia Sciarrino DATE 4-1-97 561-879-7900 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			



CR2E034 (9/96)