

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 05, 2008 8:00 am
Secretary of State

05-05-2008 90243 042 ***150.00

DOCUMENT # 455793

1. Entity Name

STEPHEN J. SZABO, M.D., P.A.



Principal Place of Business

2901 W. BUSCH BLVD., SUITE 603
TAMPA FL 33618-4568

Mailing Address

2901 W. BUSCH BLVD., SUITE 603
TAMPA FL 33618-4568



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/07)

City & State

City & State

4. FEI Number

59-1938399

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SZABO, STEPHEN J.
~~1502 W. BUSCH BLVD.~~
~~SUITE 11~~
~~TAMPA FL 33612~~

Name

Street Address (P.O. Box Number is Not Acceptable)

2901 W. BUSCH BLVD, #603
City TAMPA FL Zip Code 33618

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

STEPHEN J. SZABO, M.D.

Signature, typed or printed name of registered agent and state if applicable

(NOTE: Registered Agent signature required when reconstituting)

DATE

4/16/08

FILE NOW!!! FEE IS \$150.00

After May 1, 2008 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete
NAME SZABO, STEPHEN J MD
STREET ADDRESS 1502 W. BUSCH BLVD.
CITY-ST-ZIP TAMPA FL 33612

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STEPHEN J SZABO

4/16/08 813-963-0764

Date

Daytime Phone #