

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 17, 2007 08:00 AM
Secretary of State

DOCUMENT # 604932

1. Entity Name

PAUTLER, COHEN, BILLIRIS-FINDLAY, M.D.'S, P.A.



Principal Place of Business

4344 CENTRAL AVE
ST PETERSBURG, FL 33711

Mailing Address

4344 CENTRAL AVE
ST PETERSBURG, FL 33711



07092007 No Chg-P CR2E034 (11/05)

4. FEI Number

59-1501675

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

PAUTLER, SCOTT E
4344 CENTRAL AVE
ST PETERSBURG, FL 33711

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME PAUTLER, SCOTT E
STREET ADDRESS 4344 CENTRAL AVE
CITY-ST-ZIP ST PETERSBURG, FL 33711

TITLE VP
NAME COHEN, STEVEN M
STREET ADDRESS 4344 CENTRAL AVE
CITY-ST-ZIP ST PETERSBURG, FL 33711

TITLE VP
NAME BILLIRIS-FINDLAY, KARINA
STREET ADDRESS 4344 CENTRAL AVE
CITY-ST-ZIP ST PETERSBURG, FL 33711

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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

Date

Daytime Phone #