

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

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May 07 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # S88636 (3)

1. Corporation Name
MICHELLE SPUZA-MILORD, M.D., P.A.

Principal Place of Business

2191 9TH AVE. NO.
SUITE 105
ST. PETERSBURG FL 33713

Mailing Address

2191 9TH AVE. NO.
SUITE 105
ST. PETERSBURG FL 33713-7147



2. Principal Place of Business

21 5783 49 St N
Suite Apt. #, etc.

2a. Mailing Address

26 5783 49 St N
Suite Apt. #, etc.

City & State

23 St Petersburg, FL
Zip Country

24 33709 25 USA

City & State

28 St Petersburg, FL
Zip Country

29 33709 30 USA

9. Name and Address of Current Registered Agent

MICHELLE S. SPUZA-MILORD
2191 9TH AVE N
SUITE 105
ST. PETERSBURG FL 33713

3. Date Incorporated or Qualified

10/21/1991

3a. Date of Last Report

05/01/1996

4. FEI Number

59-3009377

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

10. Name and Address of New Registered Agent

81 Name

Same

82

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

5783 49 St N

83

84 City

St Petersburg

FL

85 Zip Code

33709

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☒ Change ☐ Addition
NAME	SPUZA-MILORD, MICHELLE S. M.D.	1.2 NAME	
STREET ADDRESS	2191 9TH AVE N, SUITE 105	1.3 STREET ADDRESS	5783 49 St N
CITY - ST - ZIP	ST. PETERSBURG FL 33713	1.4 CITY - ST - ZIP	St Petersburg, FL 33709
TITLE	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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 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:

SIGNATURE REQUIRED

4/30/97

813-522-6699

CR2E034 (9/96)