

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

**APPROVED
AND
FILED**

95 JUL -5 AM 9:04

**PROFIT
CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # V51400

(2)

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

1. Corporation Name

THOMAS J. SULTENFUSS, M.D., P.A.

Principal Place of Business

**1022 MAIN STREET
SUITE R
DUNEDIN FL 34698**

Mailing Address

**1022 MAIN STREET
SUITE R
DUNEDIN FL 34698**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
07/15/1992

3a. Date of Last Report
05/01/1994

4. FID Number
59-3134975

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 information under 190.002
 Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21. Suite, Apt. #, etc.

23. City & State

2a. Mailing Address

26. Suite, Apt. #, etc.

28. City & State

24. Fax

25. Telephone

29. Fax

30. E-mail

9. Name and Address of Current Registered Agent

**SCHAFER, WALTER L., JR.
2431 ESTANCIA BLVD.
BLDG. C
CLEARWATER FL 34621**

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 607.0902 and 607.1208, 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 607.0905, Florida Statutes.

SIGNATURE

Signature of Agent or Registered Agent for the Corporation

Signature of Agent or Registered Agent for the Corporation

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12

1. NAME	D SULTENFUSS, THOMAS J.
2. STREET ADDRESS	102 HARBOR VIEW LANE
3. CITY, STATE, ZIP	CLEARWATER FL
4. NAME	
5. STREET ADDRESS	
6. CITY, STATE, ZIP	
7. NAME	
8. STREET ADDRESS	
9. CITY, STATE, ZIP	
10. NAME	
11. STREET ADDRESS	
12. CITY, STATE, ZIP	
13. NAME	
14. STREET ADDRESS	
15. CITY, STATE, ZIP	

1. NAME	☐ Change ☐ Addition
2. NAME	
3. NAME	
4. NAME	
5. NAME	
6. NAME	
7. NAME	
8. NAME	
9. NAME	
10. NAME	
11. NAME	
12. NAME	
13. NAME	
14. NAME	
15. NAME	

14. I hereby certify that the information required with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 190.02(4)(b), Florida Statutes. I further certify that the information included on the annual report or biennial report is true and accurate and that my signature shall have the same legal effect as if made by the person that is 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 of this filing, or on an additional page with an address.

SIGNATURE:

Thomas J. Sultenfuss
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER OFFICER OR DIRECTOR

6/30/95 (813) 734-6823

CR05034 (3/95)