FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT

1995

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

APPROVED AND FILED
95 MAY -1 AM 10:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **753155** **(1)**

1. Corporation Name

ST. ANTHONY'S PROFESSIONAL BUILDINGS AND SERVICE S, INC.

Principal Place of Business	Mailing Address
P O BOX 12588 ST PETERSBURG FL 33733	P O BOX 12588 ST PETERSBURG FL 33733

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **06/27/1980**
3a. Date of Last Report: **04/21/1994**
4. FEI Number: **59-2018848** ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under § 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

DONAHO, BARBARA A.
1201-5TH AVE, N.
ST PETERSBURG FL 33705

10. Name and Address of New Registered Agent

81 Name: REVONDA L. SHUMAKER
82 Street Address (P.O. Box Number is Not Acceptable)
83: 1201 5TH AVE. N.
84 City: ST. PETERSBURG, FL 85 Zip Code: 33705

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: Revonda L. Shumaker REVONDA L. SHUMAKER, EXECUTIVE VICE PRESIDENT 4/21/95
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	PD	1.1 TITLE	P/D	☒ Change ☐ Addition
NAME	DONAHO, BARBARA A.	1.2 NAME	JOHN BIEBEL	
STREET ADDRESS	1201-5TH AVE, N.	1.3 STREET ADDRESS	1201 5TH AVE. N	
CITY-ST-ZIP	ST PETERSBURG FL	1.4 CITY-ST-ZIP	ST. PETERSBURG, FL 33705	
TITLE	EVD	2.1 TITLE	V/D	☒ Change ☐ Addition
NAME	CARNES, GARY A	2.2 NAME	REVONDA L. SHUMAKER	
STREET ADDRESS	1201-5TH AVE.,N.	2.3 STREET ADDRESS	1201 5TH AVE. N.	
CITY-ST-ZIP	ST PETERSBURG FL	2.4 CITY-ST-ZIP	ST. PETERSBURG, FL 33705	
TITLE	TD	3.1 TITLE	T/D	☒ Change ☐ Addition
NAME	FANTZ, DAVID A	3.2 NAME	GARY W. CHAWK	
STREET ADDRESS	1201-5TH AVE, N.	3.3 STREET ADDRESS	1201 5TH AVE. N	
CITY-ST-ZIP	ST PETERSBURG FL	3.4 CITY-ST-ZIP	ST. PETERSBURG, FL 33705	
TITLE	S	4.1 TITLE	S	☒ Change ☐ Addition
NAME	CURD, GILIAN H.	4.2 NAME	GILBERT PITISCI, M.D.	
STREET ADDRESS	1201-5TH AVE, N.	4.3 STREET ADDRESS	1201 5TH AVE. N.	
CITY-ST-ZIP	ST PETERSBURG FL	4.4 CITY-ST-ZIP	ST. PETERSBURG, FL 33705	
TITLE	D	5.1 TITLE	V/D	☒ Change ☐ Addition
NAME	PARDEN, CATHERINE	5.2 NAME	ISAAC MALLAH	
STREET ADDRESS	1201-5TH AVE, N.	5.3 STREET ADDRESS	1201 5TH AVE. N.	
CITY-ST-ZIP	ST PETERSBURG FL	5.4 CITY-ST-ZIP	ST. PETERSBURG, FL 33705	
TITLE	D	6.1 TITLE	V/D	☒ Change ☐ Addition
NAME	SIMMONS, RONALD	6.2 NAME	CHARLES SCOTT	
STREET ADDRESS	1201-5TH AVE, N.	6.3 STREET ADDRESS	1201 5TH AVE. N.	
CITY-ST-ZIP	ST PETERSBURG FL	6.4 CITY-ST-ZIP	ST. PETERSBURG, FL 33705	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Revonda L. Shumaker REVONDA L. SHUMAKER 4/21/95 (813)825-1074
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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