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FILED
Mar 21 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 # **L02196** (8)

1. Corporation Name

SETH W. RATNER, D.P.M., P.A.

Principal Place of Business

**34921 US 19 N
SUITE 400
PALM HARBOR FL 34684
US**

Mailing Address

**34921 US 19 N
SUITE 400
PALM HARBOR FL 34684-1922
US**

3. Date Incorporated or Qualified
07/13/1989

3a. Date of Last Report
03/14/1996

4. FEI Number

59-2956354

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

2. Principal Place of Business

21 State, Apt. #, etc.

22 City & State

23 Zip Country

24 25 29 30

2a. Mailing Address

26 State, Apt. #, etc.

27 City & State

28 Zip Country

9. Name and Address of Current Registered Agent

**GASSMAN, ALAN S.
1245 COURT STREET
SUITE 102
CLEARWATER FL 34616**

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 607.0502 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 of registered agent or person authorized to execute this report)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

12.	13.
<input type="checkbox"/> DELETE	1.1 TITLE
<input type="checkbox"/> DELETE	1.2 NAME
<input type="checkbox"/> DELETE	1.3 STREET ADDRESS
<input type="checkbox"/> DELETE	1.4 CITY - ST - ZIP
<input type="checkbox"/> DELETE	2.1 TITLE
<input type="checkbox"/> DELETE	2.2 NAME
<input type="checkbox"/> DELETE	2.3 STREET ADDRESS
<input type="checkbox"/> DELETE	2.4 CITY - ST - ZIP
<input type="checkbox"/> DELETE	3.1 TITLE
<input type="checkbox"/> DELETE	3.2 NAME
<input type="checkbox"/> DELETE	3.3 STREET ADDRESS
<input type="checkbox"/> DELETE	3.4 CITY - ST - ZIP
<input type="checkbox"/> DELETE	4.1 TITLE
<input type="checkbox"/> DELETE	4.2 NAME
<input type="checkbox"/> DELETE	4.3 STREET ADDRESS
<input type="checkbox"/> DELETE	4.4 CITY - ST - ZIP
<input type="checkbox"/> DELETE	5.1 TITLE
<input type="checkbox"/> DELETE	5.2 NAME
<input type="checkbox"/> DELETE	5.3 STREET ADDRESS
<input type="checkbox"/> DELETE	5.4 CITY - ST - ZIP
<input type="checkbox"/> DELETE	6.1 TITLE
<input type="checkbox"/> DELETE	6.2 NAME
<input type="checkbox"/> DELETE	6.3 STREET ADDRESS
<input type="checkbox"/> DELETE	6.4 CITY - ST - ZIP

**D
RATNER, SETH W.
34921 US 19 NORTH 400
PALM HARBOR FL**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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 change of an attachment with an address.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SETH W. RATNER

31797 8137858938

CR2E034 (9/96)