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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 692172

(0)

FILED Feb 10 1998 8:00am Secretary of State

STEPHEN G. NELSON, M.D., P.A.	, ,		
Principal Place of Business	Mailing Address		
5601 9TH STREET, NORTH C/O STEPHEN G. NELSON ST PETERSBURG FL 33703	5601 9TH STREET, NOR C/O STEPHEN G. NELSO ST PETERSBURG FL 337	DN	DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified
			07/01/1981
2. Principal Place of Business	2a. Mailing Address		4, FEI Number Applied For
21	26		59-2105555 Not Applicable
Suite, Apt #, etc	Suite, Apt. #, etc.		S Cartificate of Status Desired \$8.75 Additional
22	27	· ,	Fee Hequired
City & State	City & State		6. Election Campaign Financing \$5.00 May Be
Zip Country	7 _(P)	Country	Trust Fund Contribution
24 25	29	30	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
g Name and Address of Curren	~·~ kk	1301	10. Name and Address of New Registered Agent
NELSON, STEPHEN G.	· 7	81 Na	me
5601 9TH STREET, NORTH		82 Str	reet Address (P.O. Box Number is Not Acceptable)
ST PETERSBURG FL 33703		52 50	eet Address (P.O. Box Number is Not Acceptable)
or relations of the corresponding to the correspond		83	
		84 Cit	ly 85 Zip Code
		• • • • • • • • • • • • • • • • • • •	
11. Pursuant to the provisions of Sections 607 050, office or registered agent, or both, in the State agent Lam familiar with, and accept the obligation.	2 and 607, 1508, Florida Statut of Florida, Such change was a alions of Section 607,0505. Ek	les, the above-nar authorized by the orida Statutes	med corporation submits this statement for the purpose of changing its registered corporation's board of directors. I hereby accept the appointment as registered
SIGNATURE			
Signature, typed or profed runse of registered age		E Angistered Agent sign	nature required when reinstating) DATE
12. OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE OP	☐ DELETE	1.1 TITLE	☐ Change 🔀 Addition
NELSON, STEPHEN G		1.2 NAME	ا المانية
STREET ADDRESS 5601 9TH ST. NO CITY-ST-ZIP ST PETERSBURG FL		1.3 STREET ADDR	[™] 3370 <i>5</i>
CITY-ST-ZIP ST PETERSBURG FL	☐ DELETE	1.4 CITY-ST-ZIP 2.1 TITLE	☐ Change ☐ Addition
NAME	_ beare	22 NAME	C C C C C C C C C C C C C C C C C C C
STREET ADDRESS		2.3 STREET AODR	Fee
CITY-ST-ZIP		2. 4 CITY-ST-ZIF	
TITLE	DELETE	3.1 TITLE	Change Addition
NAME		3 2 NAME	
STREET ADDRESS		3.3 STREET ADDR	ESS
CITY-ST-ZIP		3.4. CITY-ST-ZIP	
TITLE	☐ DELETE	4 1 TITLE	☐ Change ☐ Addition
NAME		4. 2 NAME	
STREET ADDRESS		4.3 STREET ADDR	ESS
CITY-ST-ZIP		4.4 City-St-ZiP	
TITLE	☐ DELETE	5.1 TITLE	Change Addition
NAME		5.2 NAME	
STREET ADDRESS		•	į J
		5.3 STREET ADDR	ESS
CITY-SI-ZIP	DELETE	5.4 City-St-ZiP	
CITY-ST-ZIP TITLE	DELETE	5.4 CHTY-ST-ZIP 6.1 TITLE	ESS Change Addition
CITY-ST-ZIP TITLE NAME	☐ DELETE	5.4 CHTY-ST-ZIP 6.1 TITLE 6.2 NAME	☐ Change ☐ Addition
CITY-ST-ZIP TITLE	☐ DELETE	5.4 CHTY-ST-ZIP 6.1 TITLE	☐ Change ☐ Addition

14. Thereby certify that the information supplied with this falling does not qualify for the exemption stated in Section 119.07(3)(f). Florida Statutes. I further certify that the information indicated on this annual report or supplientental 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:

Stand L. Nalm ~

23.98

813-525- 2141