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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # 692172

1. Corporation Name

STEPHEN	n G. Nelson, M.D., P.A	•			
Principal Place	of Business	Mailing Address		F INNTIN USICA CRISE CIRRO STATE CARDA CONTRACTOR CONTR	Blått Biått Biått årbit Bratt atast ram:
•		5601 9TH STREET, NORTH			
C/O STEPHEN G. NELSON C/O STEPHEN G. NELSON				T.U.D. 004.0F	
ST PETERSBURG	G FL 33703	ST PETERSBURG FL 33703		DO NOT WRITE IN	THIS SPACE .
•		•	•	3: Date Incorporated or Qualifed	·
				07/01/1981	Tarabad Fan
2. Principal Pla	ace of Business	2a. Mailing Address	-	4. FEI Number	Applied For
21	- '	26		59-2105555	Not Applicable
Suite, Apt. #	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	9	City & State		6. Election Campaign Financing	\$5.00 May Be
23	•	28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current ye	ear Intangible
24	25	29	30	Personal Property Tax.	☐ Yes ☐ No
	9. Name and Address of Cur	rent Registered Agent		10. Name and Address of New Regist	ered Agent
		5	81 Name		
NELSON, STEPHEN G.		82 Street Address (P.O. Box Number is Not Acceptable)		and the second s	
	PETERSBURG FL 33703		83		表的環境陰離觀
•				· · · · · · · · · · · · · · · · · · ·	85 Zip Code
	• • • • • • • • • • • • • • • • • • • •	·	84 City	:	
11. Pursuant	to the provisions of Sections 607.	0502 and 607.1508, Florida Statute	s, the above-named con	poration submits this statement for the purpoint's board of directors. I hereby accept the	appointment as registered
Si l'agent. I ai	m familiar with, and accept the ob	ligations of, Section 607.0505, FIOR	ida Statutes. Registered Agent signature requir	red when reinstating) D/	ATE .
Si l'agent. I ai	m familiar with, and accept the ob	ligations of, Section 607.0505, Flori agent and title if applicable. (NOTE: AND DIRECTORS	ida Statutes.	red when reinstating) D/ ADDITIONS/CHANGES TO OFFICE	NTE RS AND DIRECTORS IN 12
Signature	m familiar with, and accept the ob- Signature, typed or printed name of registered OFFICERS  DP	ligations of, Section 607.0505, Fior	Registered Agent signature require	red when reinstating) D/	ATE .
Signature  12.	m familiar with, and accept the ob- Signature, typed or printed name of registered OFFICERS  DP	ligations of, Section 607.0505, Flori agent and title if applicable. (NOTE: AND DIRECTORS	Registered Agent signature requir	red when reinstating) D/ ADDITIONS/CHANGES TO OFFICE	NTE RS AND DIRECTORS IN 12
SIGNATURE  12. TITLE NAME	in familiar with, and accept the observed in t	ligations of, Section 607.0505, Flori agent and title if applicable. (NOTE: AND DIRECTORS	Registered Agent signature required 13.	red when reinstating) D/ ADDITIONS/CHANGES TO OFFICE	NTE RS AND DIRECTORS IN 12
SIGNATURE  12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered OFFICERS DP NELSON, STEPHEN G 5601 9TH ST. NO	iligations of, Section 607.0505, Fion agent and title if applicable. (NOTE: AND DIRECTORS	Registered Agent signature requirement 13.  1.1 TITLE  1.2 NAME	red when reinstating) D/ ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTORS IN 12 Change Addition
SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	in familiar with, and accept the observed in t	iligations of, Section 607.0505, Fion agent and title if applicable. (NOTE: AND DIRECTORS	Registered Agent signature requir  13.  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS	red when reinstating) D/ ADDITIONS/CHANGES TO OFFICE	NTE RS AND DIRECTORS IN 12
SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered OFFICERS DP NELSON, STEPHEN G 5601 9TH ST. NO	iligations of, Section 607.0505, Fion agent and title if applicable. (NOTE: AND DIRECTORS	Registered Agent signature requir  13.  1.1 TILE  1.2 NAME  1.3 STREET ADDRESS  1.4 CITY-ST-ZIP	red when reinstating) D/ ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTORS IN 12 Change Addition
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME	Signature, typed or printed name of registered OFFICERS DP NELSON, STEPHEN G 5601 9TH ST. NO ST PETERSBURG FL 33703	iligations of, Section 607.0505, Fion agent and title if applicable. (NOTE: AND DIRECTORS	Registered Agent signature requir  13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE	red when reinstating) D/ ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTORS IN 12 Change Addition
Agent. T ai SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered OFFICERS DP NELSON, STEPHEN G 5601 9TH ST. NO ST PETERSBURG FL 33703	iligations of, Section 607.0505, Fion agent and title if applicable. (NOTE: AND DIRECTORS	Registered Agent signature requir  13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME	red when reinstating) D/ ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTORS IN 12 Change Addition Change Addition
Agent. T ai SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered OFFICERS DP NELSON, STEPHEN G 5601 9TH ST. NO ST PETERSBURG FL 33703	iligations of, Section 607.0505, Fion agent and title if applicable. (NOTE: AND DIRECTORS	Registered Agent signature requir  13.  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS  1.4 CITY-ST-ZIP  2.1 TITLE  2.2 NAME  2.3 STREET ADDRESS	red when reinstating) D/ ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTORS IN 12 Change Addition
SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered OFFICERS DP NELSON, STEPHEN G 5601 9TH ST. NO ST PETERSBURG FL 33703	iligations of, Section 607.0505, Fion agent and title if applicable. (NOTE: AND DIRECTORS DELETE	Registered Agent signature requir  13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	red when reinstating) D/ ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTORS IN 12 Change Addition Change Addition
Agent I ai SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME	Signature, typed or printed name of registered OFFICERS  DP NELSON, STEPHEN G 5601 9TH ST. NO ST PETERSBURG FL 33703	iligations of, Section 607.0505, Fion agent and title if applicable. (NOTE: AND DIRECTORS DELETE	Registered Agent signature requir  13.  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS  1.4 CITY-ST-ZIP  2.1 TITLE  2.2 NAME  2.3 STREET ADDRESS  2.4 CITY-ST-ZIP  3.1 TITLE	red when reinstating) D/ ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTORS IN 12 Change Addition Change Addition
Agent. T ai SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	Signature, typed or printed name of registered OFFICERS  DP NELSON, STEPHEN G 5601 9TH ST. NO ST PETERSBURG FL 33703	iligations of, Section 607.0505, Fion agent and title if applicable. (NOTE: AND DIRECTORS DELETE	Registered Agent signature requir  13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS	red when reinstating) D/ ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTORS IN 12 Change Addition Change Addition
Agent. T ai SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered OFFICERS  DP NELSON, STEPHEN G 5601 9TH ST. NO ST PETERSBURG FL 33703	iligations of, Section 607.0505, Fion agent and title if applicable. (NOTE: AND DIRECTORS DELETE	Registered Agent signature requir  13.  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS  1.4 CITY-ST-ZIP  2.1 TITLE  2.2 NAME  2.3 STREET ADDRESS  2.4 CITY-ST-ZIP  3.1 TITLE  3.2 NAME	red when reinstating) D/ ADDITIONS/CHANGES TO OFFICE!	RS AND DIRECTORS IN 12 Change Addition Change Addition
Agent. T ai SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME TREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered OFFICERS  DP NELSON, STEPHEN G 5601 9TH ST. NO ST PETERSBURG FL 33703	Interest   Interest	Registered Agent signature requir  13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE	red when reinstating) D/ ADDITIONS/CHANGES TO OFFICE!	RS AND DIRECTORS IN 12 Change Addition Change Addition Change Addition Change Addition
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME	Signature, typed or printed name of registered OFFICERS  DP NELSON, STEPHEN G 5601 9TH ST. NO ST PETERSBURG FL 33703	Interest   Interest	Registered Agent signature requir  13.  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS  1.4 CITY-ST-ZIP  2.1 TITLE  2.2 NAME  2.3 STREET ADDRESS  2.4 CITY-ST-ZIP  3.1 TITLE  3.2 NAME  3.3 STREET ADDRESS  3.4 CITY-ST-ZIP  4.1 TITLE  4.2 NAME	red when reinstating) D/ ADDITIONS/CHANGES TO OFFICE!	RS AND DIRECTORS IN 12 Change Addition Change Addition Change Addition
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  STREET ADDRESS  STREET ADDRESS  STREET ADDRESS  STREET ADDRESS  STREET ADDRESS	Translitar with, and accept the observed of familiar with, and accept the observed of familiar with a series of registered of FICERS  DP NELSON, STEPHEN G 5601 9TH ST. NO ST PETERSBURG FL 33703	Interest   Interest	Registered Agent signature requir  13.  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS  1.4 CITY-ST-ZIP  2.1 TITLE  2.2 NAME  2.3 STREET ADDRESS  2.4 CITY-ST-ZIP  3.1 TITLE  3.2 NAME  3.3 STREET ADDRESS  3.4 CITY-ST-ZIP  4.1 TITLE  4.2 NAME  4.3 STREET ADDRESS	red when reinstating) D/ ADDITIONS/CHANGES TO OFFICE!	RS AND DIRECTORS IN 12 Change Addition Change Addition Change Addition Change Addition
Agent I ai SIGNATURE  12.  TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered OFFICERS  DP NELSON, STEPHEN G 5601 9TH ST. NO ST PETERSBURG FL 33703	Interest   Interest	Registered Agent signature requir  13.  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS  1.4 CITY-ST-ZIP  2.1 TITLE  2.2 NAME  2.3 STREET ADDRESS  2.4 CITY-ST-ZIP  3.1 TITLE  3.2 NAME  3.3 STREET ADDRESS  3.4 CITY-ST-ZIP  4.1 TITLE  4.2 NAME  4.3 STREET ADDRESS  4.4 CITY-ST-ZIP	red when reinstating) D/ ADDITIONS/CHANGES TO OFFICE!	RS AND DIRECTORS IN 12 Change Addition Change Addition Change Addition Change Addition
Agent T ai SIGNATURE  12.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Translitar with, and accept the observed of familiar with, and accept the observed of familiar with a series of registered of FICERS  DP NELSON, STEPHEN G 5601 9TH ST. NO ST PETERSBURG FL 33703	Interest   Interest	Registered Agent signature requir  13.  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS  1.4 CITY-ST-ZIP  2.1 TITLE  2.2 NAME  2.3 STREET ADDRESS  2.4 CITY-ST-ZIP  3.1 TITLE  3.2 NAME  3.3 STREET ADDRESS  3.4 CITY-ST-ZIP  4.1 TITLE  4.2 NAME  4.3 STREET ADDRESS	red when reinstating) D/ ADDITIONS/CHANGES TO OFFICE!	RS AND DIRECTORS IN 12 Change Addition Change Addition Change Addition Change Addition
Agent I ai SIGNATURE  12.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registered OFFICERS  DP NELSON, STEPHEN G 5601 9TH ST. NO ST PETERSBURG FL 33703	Interest   Interest	Registered Agent signature requir  13.  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS  1.4 CITY-ST-ZIP  2.1 TITLE  2.2 NAME  2.3 STREET ADDRESS  2. 4 CITY-ST-ZIP  3.1 TITLE  3.2 NAME  3.3 STREET ADDRESS  3.4 CITY-ST-ZIP  4.1 TITLE  4.2 NAME  4.3 STREET ADDRESS  4.4 CITY-ST-ZIP  5.1 TITLE	red when reinstating)  ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTORS IN 12 Change Addition Change Addition Change Addition Change Addition
Agent. Täi SIGNATURE  12.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	of Figure 1. Signature, typed or printed name of registered OFFICERS  DP NELSON, STEPHEN G 5601 9TH ST. NO ST PETERSBURG FL 33703	Interest   Interest	Registered Agent signature requir  13.  1.1 TILE  1.2 NAME  1.3 STREET ADDRESS  1.4 CITY-ST-ZIP  2.1 TITLE  2.2 NAME  2.3 STREET ADDRESS  2.4 CITY-ST-ZIP  3.1 TITLE  3.2 NAME  3.3 STREET ADDRESS  3.4 CITY-ST-ZIP  4.1 TITLE  4.2 NAME  4.3 STREET ADDRESS  4.4 CITY-ST-ZIP  5.1 TITLE  5.2 NAME  5.3 STREET ADDRESS  4.5 CITY-ST-ZIP  5.1 TITLE  5.2 NAME  5.3 STREET ADDRESS  5.3 STREET ADDRESS  5.3 STREET ADDRESS  5.3 STREET ADDRESS	red when reinstating)  ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTORS IN 12 Change Addition Change Addition Change Addition Change Addition
Agent I ai SIGNATURE  12.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registered OFFICERS  DP NELSON, STEPHEN G 5601 9TH ST. NO ST PETERSBURG FL 33703	Interest   Interest	Registered Agent signature requir  13.  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS  1.4 CITY-ST-ZIP  2.1 TITLE  2.2 NAME  2.3 STREET ADDRESS  2.4 CITY-ST-ZIP  3.1 TITLE  3.2 NAME  3.3 STREET ADDRESS  3.4 CITY-ST-ZIP  4.1 TITLE  4.2 NAME  4.3 STREET ADDRESS  4.4 CITY-ST-ZIP  5.1 TITLE  5.2 NAME	ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTORS IN 12 Change Addition Change Addition Change Addition Change Addition

14. I 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, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

**FILED** 

Jan 26, 1999 8:00am

**Secretary of State** 

01-26-1999 90057 039 \*\*\*150.00