## 2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 753155** 

Entity Name: ST. ANTHONY'S PROFESSIONAL BUILDINGS AND SERVICES,

**FILED** Mar 04, 2024 **Secretary of State** 3280010439CC

INC.

# **Current Principal Place of Business:**

3001 W. DR MARTIN LUTHER KING JR BLVD. TAMPA, FL 33607

# **Current Mailing Address:**

3001 W. DR MARTIN LUTHER KING JR BLVD. TAMPA, FL 33607 US

FEI Number: 59-2018848 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

BAYCARE HEALTH SYSTEM, INC. ATTENTION: LEGAL SERVICES DEPARTMENT 2985 DREW STREET CLEARWATER, FL 33759 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: JENNIFER L TOUSE 03/04/2024

Electronic Signature of Registered Agent

Date

#### Officer/Director Detail:

Title **PRESIDENT** Title VICE PRESIDENT/SECRETARY Name GALDIERI, LOU Name BUCCIARELLI, CHRISTOPHER DR.

2985 DREW STREET 2985 DREW STREET Address Address City-State-Zip: CLEARWATER FL 33759 City-State-Zip: CLEARWATER FL 33759

Title **DIRECTOR** Title **TREASURER** Name SMITH, SCOTT Name HAISLIP, JAMES

Address 1200 SEVENTH AVE. NORTH Address 2985 DREW STREET City-State-Zip: ST. PETERSBURG FL 33705 City-State-Zip: CLEARWATER FL 33759

**PRESIDENT** 

SIGNATURE: LOU GALDIERI

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.