

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F56724

**Entity Name:** GENE A. BALIS, M.D., P.A.

**Current Principal Place of Business:**

GENE A BALIS, M.D.  
P.O. BOX 10756  
TAMPA, FL 33679

**Current Mailing Address:**

PO BOX 10756  
TAMPA, FL 33679 US

**FEI Number:** 59-2141819

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

BALIS, GENE A., M.D.  
4510 W. CULBREATH AVE.  
TAMPA, FL 33609 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:** GENE A. BALIS, M.D.

03/31/2019

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PST  
Name BALIS, GENE A., MD  
Address PO BOX 10756  
City-State-Zip: TAMPA FL 33679

*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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** GENE BALIS, M.D.

PRESIDENT

03/31/2019

Electronic Signature of Signing Officer/Director Detail

Date