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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # 517803

1. Corporation Name

R.A. MUSELLA, M.D., F.A.C.S., P.A.

## **FILED** Feb 10, 1999 8:00am **Secretary of State**

02-10-1999 90068 034 \*\*\*150.00



Principal Place	of Business	Mailing Address					•		
247 COREY AVE	ENUE	247 COREY AVENUE			,				•
ST. PETERSBURG BEACH FL 33706		ST. PETERSBURG BEACH FL 33706			DO NOT WRITE IN THIS SPACE				
US		ŲS			3. Date incorporated or Qua				
					11/03/1976				
<del> </del>		2a. Mailing Address			4. FEI Number	<del></del> -	Apr	olied For	
_2. Prìncipal Pla ──¬	ace of Business	<u></u>			59-1705916			Applicable	ř
21		Suite, Apt. #, etc.			<del>"                                     </del>		\$8.75 A	dditional	967,080
Suite, Apt. #	#, etc.	<u> </u>			5. Certificate of Status Desire	ed 🗆	Fee Red		
22		City & State			6. Election Campaign Financing \$5.00 May Be				
City & State	9	<b>⊢</b> ′			Trust Fund Contribution	ca 🗆	Added to		
23	Country	28	Coun	trv	8. This corporation owes the	current year Intai	naible		
Zip		<del></del>	30		Personal Property Tax.		Yes	□No	
24	9. Name and Address of Current	29 Agent	[30]		10. Name and Address of N	New Registered A	gent		
<del></del>	9. Name and Address of Current	registered Agent		31 Name					
MUSELLA, ROSARIO A. 247 COREY AVENUE ST PETERSBURG FL 33706									
				32 Street Add	Street Address (P.O. Box Number is Not Acceptable)				
			}	83	11-7 (2) 21 11 (8) 28	The Marie State St		1	
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A		z and 607 1508 Piorida Siau			ion's board of directors. I hereby:	accept the appoin	tment as reg	gistered	
	to the provisions of Sections 607.0502				IOITS DUAIG OF GIFECTORS. I HEFEDY				
	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligat				ion's poard of directors. I thereby			1	
agent. Lar	egistered agent, or both, in the State of m familiar with, and accept the obligat	tions of, Section 607.0505, FI	orida Statu	les.		DATE			=
office or re agent. I ar SIGNATURE	egistered agent, or both, in the state of m familiar with, and accept the obligat Signature, typed or printed name of registered agent	t and title if applicable. (NOT	orida Statu	les.	red when reinstating)	DATE	<u>_</u> _		(80)
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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.