

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 11, 2008 8:00 am**  
**Secretary of State**

02-11-2008 90054 004 \*\*\*150.00

**DOCUMENT # 517803**

1. Entity Name  
R.A. MUSELLA, M.D., F.A.C.S., P.A.



Principal Place of Business  
~~603 7TH STREET SOUTH~~  
~~SUITE 101~~  
SAINT PETERSBURG, FL 33701 US

Mailing Address  
~~603 7TH STREET SOUTH~~  
~~SUITE 101~~  
SAINT PETERSBURG, FL 33701 US

2. Principal Place of Business - No P.O. Box #  
Bayfront Cancer Care Center  
Suite, Apt. #, etc.  
401 6th Street S  
City & State  
St. Petersburg, FL  
Zip  
33701 Country  
US

3. Mailing Address  
SAME AS  
Suite, Apt. #, etc.  
Place of Business  
City & State  
St. Petersburg, FL  
Zip  
33701 Country  
US



01102008 Chg-P CR2E034 (12/06)

4. FEI Number  
59-1705916

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

MUSELLA, ROSARIO A.  
~~603 7TH STREET SOUTH~~  
~~SUITE 101~~  
SAINT PETERSBURG, FL 33701

**7. Name and Address of New Registered Agent**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
Bayfront Cancer Care Center  
401 6th Street S  
City  
St. Petersburg FL Zip Code  
33701

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTSD MUSELLA, ROSARIO A <del>603 7TH STREET SOUTH, SUITE 101</del> SAINT PETERSBURG, FL 33701	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Bayfront Cancer Care Center 401 6th Street S St. Petersburg, FL 33701	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Rosario Musella 01/29/08 (727) 303-6761  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #