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Apr 01 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 541971 (8)

1. Corporation Name
EDGAR A. BUREN, M.D., PLASTIC SURGERY, P.A.



Principal Place of Business

1201 FIFTH AVE N.
SUITE 100
ST PETERSBURG FL 33705
US

Mailing Address

1201 FIFTH AVE N.
SUITE 100
ST PETERSBURG FL 33705-1410
US

3. Date Incorporated or Qualified
08/01/1977

3a. Date of Last Report
02/27/1996

2. Principal Place of Business

21 1515 NINTH AVE. NO.

22 FLORIDA EYE CENTER

23 ST. PETERSBURG FL.

24 33705 25 PINELLAS

2a. Mailing Address

26 1515 NINTH AVE. NO.

27 FLORIDA EYE CENTER

28 ST. PETERSBURG FL.

29 33705 30 PINELLAS

4. FEI Number

59-1759659

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

BUREN, EDGAR A.
1201 5TH AVE. NO.
SUITE 100
ST. PETERSBURG FL 33705

NEW Address →

10. Name and Address of New Registered Agent

81 Name

EDGAR A. BUREN M.D.

82 Street Address (P.O. Box Number is Not Acceptable)

1700 NORTSHORE DRIVE N.E.

83

84 City

ST. PETERSBURG FL

85 Zip Code

33704

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent for the corporation, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Edgar A. Buren

EDGAR BUREN, MD - DIRECTOR

JANUARY 27/97

12. OFFICERS AND DIRECTORS

TITLE PD
NAME BUREN, EDGAR A.
STREET ADDRESS 1201 5TH AVE., NO., SUITE 100
CITY-ST-ZIP ST. PETERSBURG FL

☐ DELETE

Address
Change

TITLE ST
NAME BUREN, EDGAR A.
STREET ADDRESS 1201 5TH AVE., NO., SUITE 100
CITY-ST-ZIP ST. PETERSBURG FL

☐ DELETE

Address
Change

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRESIDENT
1.2 NAME BUREN EDGAR A.
1.3 STREET ADDRESS 1700 NORTSHORE DRIVE N.E.
1.4 CITY-ST-ZIP ST. PETERSBURG FL. 33704

☒ Change ☐ Addition

2.1 TITLE SECRETARY
2.2 NAME BUREN EDGAR A.
2.3 STREET ADDRESS 1700 NORTSHORE DR. N.E.
2.4 CITY-ST-ZIP ST. PETERSBURG FL. 33704

☒ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I do 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 unchanged, or on an attachment with an address.

SIGNATURE:

Edgar A. Buren

EDGAR BUREN, MD

JAN 27/97

(813)

821.3333

CR2E034 (9/96)