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May 05, 1999 8:00 am
Secretary of State

05-05-1999 90052 037 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 545153

1. Corporation Name

BRUCE A. EPSTEIN, M.D., PA INC.

Principal Place of Business

5353 1ST AVE S
ST PETERSBURG FL 33707

Mailing Address

5353 1ST AVE S
ST PETERSBURG FL 33707

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified

09/14/1977

4. FEI Number

59-1767922

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 Fees8. This corporation owes the current year Intangible
Personal Property Tax.☒ Yes ☐ No

2. Principal Place of Business

21 5353 1st Ave S.

Suite, Apt. #, etc.

2a. Mailing Address

26 PO Box 889 25437

Suite, Apt. #, etc.

City & State

23 St Petersburg FL

Zip Country

24 33707 25 USA

City & State

28 TAMPA FL

Zip Country

29 33622 30 USA

9. Name and Address of Current Registered Agent

EPSTEIN, BRUCE A.
5353 FIRST AVENUE SOUTH
ST. PETERSBURG FL 33707

10. Name and Address of New Registered Agent

81 Name

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

11274 W. HILLSBOROUGH AVE

84 City TAMPA

FL

85 Zip Code 33635

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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	EPSTEIN, BRUCE A.	
STREET ADDRESS	5353 FIRST AVENUE SOUTH	
CITY-ST-ZIP	ST. PETERSBURG FL	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	RICK SALAS	
1.3 STREET ADDRESS	11274 W. HILLSBOROUGH AVE	
1.4 CITY-ST-ZIP	TAMPA FL 33635	

2.1 TITLE	CEO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	RICH FORELLI	
2.3 STREET ADDRESS	11274 W. HILLSBOROUGH AVE	
2.4 CITY-ST-ZIP	TAMPA FL 33635	

3.1 TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	F. LANE FRANCIS, MD	
3.3 STREET ADDRESS	11274 W. HILLSBOROUGH AVE	
3.4 CITY-ST-ZIP	TAMPA FL 33635	

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/1/98)