

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 14 AM 11:55

DOCUMENT # 573571

(7)

1. Corporation Name

LEONIDES Y. TEVES, M.D., P.A.

Principal Place of Business

Mailing Address

623 39TH STREET WEST
BRADENTON FL 34205

623 39TH STREET WEST
BRADENTON FL 34205

DO NOT WRITE IN THIS SPACE

3. Date for Corporation's Report

05/11/1978

3a. Date of Last Report

02/08/1994

4. FEE Number

59-1824105

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 § 199.032,
Florida Statute, ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21. State, Apt. #, etc.

26. State, Apt. #, etc.

22. City & State

27. City & State

23. Zip

Country

28. Zip

Country

24. Zip

Country

29. Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TEVES, LEONIDES Y.
623 39TH STREET WEST
BRADENTON FL 34205

01. Name

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

03.

04. City

FL

05.

Zip Code

11. Pursuant to the provisions of Sections 199.032 and 199.033, 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 199.033, Florida Statutes.

SIGNATURE

Signature of person for whom this report is being filed (if not the corporation)

Signature of Registered Agent (signature required when changing agent)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE

PD

2. NAME

TEVES, LEONIDES

3. STREET ADDRESS

1607 54TH STREET WEST

4. CITY, ST, ZIP

BRADENTON FL

5. TITLE

6. NAME

7. STREET ADDRESS

8. CITY, ST, ZIP

9. TITLE

10. NAME

11. STREET ADDRESS

12. CITY, ST, ZIP

13. TITLE

14. NAME

15. STREET ADDRESS

16. CITY, ST, ZIP

17. TITLE

18. NAME

19. STREET ADDRESS

20. CITY, ST, ZIP

21. TITLE

22. NAME

23. STREET ADDRESS

24. CITY, ST, ZIP

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY, ST, ZIP

5. TITLE

6. NAME

7. STREET ADDRESS

8. CITY, ST, ZIP

9. TITLE

10. NAME

11. STREET ADDRESS

12. CITY, ST, ZIP

13. TITLE

14. NAME

15. STREET ADDRESS

16. CITY, ST, ZIP

17. TITLE

18. NAME

19. STREET ADDRESS

20. CITY, ST, ZIP

21. TITLE

22. NAME

23. STREET ADDRESS

24. CITY, ST, ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

14. I, the undersigned, certify that the information supplied with this report is voluntarily furnished and does not qualify for the exemption stated in Section 199.032(3)(b), Florida Statutes. I further certify that the information supplied with 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. I am available for the production of the records or business correspondence referred to in this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or on an attachment with an address.

SIGNATURE:

LEONIDES Y. TEVES

1/12/95 (813)

Signature