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FILED

Feb 17 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 # 595915

(0)

1. Corporation Name

SAMUEL S. WEINSTEIN, M.D., P.A.

Principal Place of Business

3000 E. FLETCHER AVE., STE #380
TAMPA FL 33613-1612

Mailing Address

3000 E. FLETCHER AVE., STE #380
TAMPA FL 33613-4645



3. Date Incorporated or Qualified

11/30/1978

3a. Date of Last Report

03/26/1996

4. FEI Number

59-1861579

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes ☐ No

2. Principal Place of Business

21 3010 E. 138th Avenue

Suite, Apt. #, etc.

22 Suite 12

City & State

23 Tampa, Florida

Zip

24 33613

Country

25

2a. Mailing Address

26 3010 E. 138th Avenue

Suite, Apt. #, etc.

27 Suite 12

City & State

28 Tampa, Florida

Zip

29 33613

Country

30

9. Name and Address of Current Registered Agent

WEINSTEIN, SAMUEL S., M.D.
3000 E FLETCHER, #380
TAMPA, FL. FL 33613-1612

10. Name and Address of New Registered Agent

81 Name

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

3010 E. 138th Ave. Suite 12

83

84 City

Tampa

FL

85 Zip Code

33613

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 ☐ DELETE

NAME WEINSTEIN, SAMUEL S.
STREET ADDRESS 3000 E FLETCHER, #380
CITY-ST-ZIP TAMPA FL

TITLE ST ☐ DELETE

NAME WEINSTEIN, SAMUEL S.
STREET ADDRESS 3000 E FLETCHER, #380
CITY-ST-ZIP TAMPA FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

3010 E. 138th Ave. Suite 12
Tampa, FL 33613

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3010 E. 138th Ave., Suite 12
Tampa, FL 33613

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 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)