

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 601275 (1)

1. Corporation Name

FRANK M. BYERS, M.D., PROFESSIONAL ASSOCIATION

Principal Place of Business

1615 PASADENA AVE S #250
~~3663 CENTRAL AVENUE~~
ST. PETERSBURG FL 33707
US

Mailing Address

1615 PASADENA AVE S #250
~~3663 CENTRAL AVENUE~~
ST. PETERSBURG FL 33707
US



3. Date Incorporated or Qualified
07/31/1969

3a. Date of Last Report
04/10/1995

4. FEI Number
59-1284636

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

10. Name and Address of New Registered Agent

2. Principal Place of Business

21 1615 PASADENA AVE S

2a. Mailing Address

26 1615 PASADENA AVE S

Suite, Apt. #, etc.

22 Suite #250

Suite, Apt. #, etc.

27 Suite #250

City & State

23 St Petersburg

City & State

28 St Petersburg

Zip

24 33707

Country

25 Pinellas

Zip

29 33707

Country

30 Pinellas

9. Name and Address of Current Registered Agent

BYERS, FRANK M
1615 PASADENA AVE. S
SUITE #250
ST. PETERSBURG FL 33707

81 Name

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

83

84 City

FL 85 Zip Code

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 date of appointment

(NOTE: Registered Agent Signature required when removing)

DATE

12. OFFICERS AND DIRECTORS

TITLE SV
NAME CLARKE, JOHN ☐ DELETE
STREET ADDRESS 5693 1ST AVE. SOUTH
CITY-STATE-ZIP ST. PETERSBURG FL

TITLE P
NAME BYERS, FRANK M., M.D. ☐ DELETE
STREET ADDRESS 3663 CENTRAL AVENUE
CITY-STATE-ZIP ST. PETERSBURG FL

TITLE
NAME ☐ DELETE
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME ☐ DELETE
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME ☐ DELETE
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME ☐ DELETE
STREET ADDRESS
CITY-STATE-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

☒ Change ☐ Addition

☒ Change ☐ Addition

☒ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DATE/TIME/PHONE #

CR2E034 (12/95)