01231999-90005-040-$150.00-$150.00

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01-23-1999 90005 040 ***150.00

PROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **601586**

1. Corporation Name
SUNCOAST INTERNAL MEDICINE CONSULTANTS, P.A.

Principal Place of Business	Mailing Address
13644 WALSINGHAM RD LARGO FL 33774 US	13644 WALSINGHAM RD LARGO FL 33774 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 10/24/1969

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

4. FEI Number: 59-1273247 ☐ Applied For ☐ Not Applicable

5. Certifcate 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 owes the current year Intangible Personal Property Tax. ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

WINGFIELD, C. DAVID
13644 WALSINGHAM RD.
LARGO FL 33774

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	WINGFIELD, C DAVID		1.2 NAME		
STREET ADDRESS	13644 WALSINGHAM RD		1.3 STREET ADDRESS		
CITY-ST-ZIP	LARGO, FL 00000		1.4 CITY-ST-ZIP		
TITLE	VPD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	KUDELKO, PAUL E		2.2 NAME		
STREET ADDRESS	13644 WALSINGHAM RD		2.3 STREET ADDRESS		
CITY-ST-ZIP	LARGO, FL 00000		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	DIGIOVANNI, ROBERT L.		3.2 NAME		
STREET ADDRESS	13644 WALSINGHAM ROAD		3.3 STREET ADDRESS		
CITY-ST-ZIP	LARGO FL		3.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	4.1 TITLE		☐ Change ☑ Addition
NAME	MAXFIELD, DANE L		4.2 NAME		
STREET ADDRESS	13644 WALSINGHAM RD		4.3 STREET ADDRESS		
CITY-ST-ZIP	LARGO, FL 00000		4.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	OTTAVIANI, A N		5.2 NAME		
STREET ADDRESS	13644 WALSINGHAM RD		5.3 STREET ADDRESS		
CITY-ST-ZIP	LARGO, FL 00000		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	LITTLEFIELD, JERRY M.		6.2 NAME		
STREET ADDRESS	13644 WALSINGHAM ROAD		6.3 STREET ADDRESS		
CITY-ST-ZIP	LARGO FL		6.4 CITY-ST-ZIP		

CR2E034 (11/98)

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 [signature] 2/15/99 (727) 595-2579
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ROBERT L. DIGIOVANNI