

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 05, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # 601586**

1. Entity Name  
**SUNCOAST INTERNAL MEDICINE CONSULTANTS, P.A.**



Principal Place of Business  
**13644 WALSINGHAM RD  
LARGO, FL 33774 US**

Mailing Address  
**13644 WALSINGHAM RD  
LARGO, FL 33774 US**



01112007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-1273247**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**DIGIOVANNI, ROBERT L  
13644 WALSINGHAM RD.  
LARGO, FL 33774**

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	DIGIOVANNI, ROBERT L
STREET ADDRESS	13644 WASHINGTON ROAD
CITY-ST-ZIP	LARGO, FL 33774
TITLE	TDSD
NAME	MAXFIELD, DANE L
STREET ADDRESS	13644 WASHINGTON ROAD
CITY-ST-ZIP	LARGO, FL 33774
TITLE	D
NAME	OTTAVIANI, ANTHONY N
STREET ADDRESS	13644 WASHINGTON ROAD
CITY-ST-ZIP	LARGO, FL 33774
TITLE	D
NAME	LITTLEFIELD, JERRY M.
STREET ADDRESS	13644 WASHINGTON ROAD
CITY-ST-ZIP	LARGO, FL 33774
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/09/07-80060-001 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 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

**1-22-07**

Date

Daytime Phone #