

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Tallahassee, FL 32399
See History of State
Website at: www.flgov.com

DOCUMENT # 603453

(2)

DAVID DILLENBECK, M.D., P.A.

Principal Place of Business

4710 N. HABANA #300
TAMPA FL 33614

Mailing Address

4710 N. HABANA #300
TAMPA FL 33614

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/20/1972

3a. Date of Last Report

05/01/1994

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-1390005

Applied For

Not Applicable

22. Suite, Apt. #, etc.

27. Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

23. City & State

28. City & State

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

24

25

29

30

7. This corporation has liability for apportioned tax under § 193, 200A,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DILLENBECK, DAVID G M.D.
4710 N. HABANA #300
TAMPA FL 33629

B1. Name

B2. Street Address (P.O. Box Number is Not Acceptable)

B3.

B4. City

FL

B5. Zip Code

11. Pursuant to the provisions of Sections 607.0403 and 607.1504, 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 607.0405, Florida Statutes.

SIGNATURE

Signature of person appointing agent or new agent and the signature of the Registered Agent. Signature required when appointing agent.

12. OFFICERS AND DIRECTORS

12.1	12.2
NAME	PST DILLENBECK, DAVID G.
STREET ADDRESS	4928 SAN RAFAEL
CITY, ST, ZIP	TAMPA FL
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1	13.2
1. NAME	☐ Change ☒ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	33629
5. NAME	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY, ST, ZIP	
9. NAME	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. NAME	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	
17. NAME	☐ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
20. CITY, ST, ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 193.07(2)(b), Florida Statutes. I further certify that the information included on the annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as a signature under oath. I am an officer or director of the corporation or the receiver or liquidator empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of a transcript or an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David G. Dillenbeck

4/28/95

(813) 879-7940