

FILE NOW: FILING FEE AFTER-MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
May 23, 2000 8:00 am
Secretary of State

05-23-2000 90192 034 ***150.00

DOCUMENT # 604486

1. Corporation Name
WHITE, C. RONALD, M.D., P.A.



Principal Place of Business
1801-16TH STREET NORTH
SUITE A
ST. PETERSBURG FL 33704
US

Mailing Address
536 16TH AVE NE
ST. PETERSBURG FL 33704
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/01/1973

4. FEI Number

59-1467578

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 owes the current year intangible
Personal Property Tax ☐ Yes ☐ No

10. Name and Address of New Registered Agent

2. Principal Place of Business

21. 1190 CHERRY ST. N.E.

Suite, Apt. #, etc.

22. #1

City & State

23. ST. PETERSBURG, FL 33701

Zip

24. 33701

25. PINELAND

9. Name and Address of Current Registered Agent

WHITE, C. RONALD

536 16 AVE NE

ST PETERSBURG FL 33704

2a. Mailing Address

26. P.O. Box 76010

Suite, Apt. #, etc.

27.

City & State

28. ST. PETERSBURG, FL 33704

Zip

29. 33704-6010

Country

30. PINELAND

81. Name

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

83. 1190 CHERRY ST. N.E. #1

84.

City ST. PETERSBURG

FL

85. Zip Code

33701

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 ☐ DELETE

NAME WHITE, C. RONALD

STREET ADDRESS 536 16TH AVE NE

CITY-ST-ZIP ST PETERSBURG FL

TITLE ☐ DELETE

NAME WHITE, STEPHEN A.

STREET ADDRESS 536 16TH AVE NE

CITY-ST-ZIP ST PETERSBURG 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

☐ Change ☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS 1190 CHERRY ST. N.E. #1

1.4 CITY-ST-ZIP ST. PETERSBURG, FL. 33701

☐ Change ☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS 1190 CHERRY ST. N.E. #1

2.4 CITY-ST-ZIP ST. PETERSBURG, FL. 33701

☐ Change ☐ Addition

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

C. Ronald White, MD, P.A.

4/23/99

(727) 894-4077

4/23/00

(727) 502-0694

CR2E034 (1/1/98)