

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 04, 2005 08:00 AM
Secretary of State

DOCUMENT # 604772

1. Entity Name

BABAT, KATZ, HONEYCUTT & SAMUELSON, M.D.'S, P.A.



Principal Place of Business

6449-38TH AVENUE NORTH
SUITE C-4
ST. PETERSBURG, FL 33710

Mailing Address

6449-38TH AVENUE NORTH
SUITE C-4
ST. PETERSBURG, FL 33710



01222005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-1476873

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BABAT, CHESTER, C., M.D.
6449-38TH AVENUE NORTH
SUITE C-4
ST. PETERSBURG, FL 33710

**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 file if applicable.

(NOTE: Registered Agent signature required when reinstalling)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

PD
BABAT, CHESTER
1446 PARK STREET
ST. PETERSBURG, FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

STD
KATZ, ALLAN
131 CORDOYA BLVD NE
SAINT PETERSBURG, FL 33704

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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UD00000250749
03/04/05-80024-002 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and correct 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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 1/27/05
Date Daytime Phone #