# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jun 22, 2009**
**Secretary of State**

DOCUMENT# 604772

**Entity Name:** BABAT, KATZ & SAMUELSON, M.D.'S, P.A.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

**FEI Number: 59-1476873** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

**In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.**
**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete
Name: BABAT, CHESTER
Address: 1446 PARK STREET
City-St-Zip: ST. PETERSBURG, FL

Title: STD ( ) Delete
Name: KATZ, ALLAN
Address: 131 CORDOVA BLVD NE
City-St-Zip: SAINT PETERSBURG, FL 33704

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition
Name: SAMUELSON, DAVID
Address: 825 18TH AVE NE
City-St-Zip: ST. PETERSBURG, FL

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID W SAMUELSON MD PD 06/22/2009

Electronic Signature of Signing Officer or Director — Date