

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 604772

FILED
May 01, 2012
Secretary of State

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:

2150 49TH STREET NORTH
SUITE F
ST. PETERSBURG, FL 33710

Current Mailing Address:

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

New Mailing Address:

2150 49TH STREET NORTH
SUITE F
ST. PETERSBURG, FL 33710

FEI Number: 59-1476873

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

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:

BABAT, CHESTER, C., M.D.
2150 49TH STREET NORTH
SUITE F
ST. PETERSBURG, FL 33710 US

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: CHESTER C BABAT, M.D.

05/01/2012

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

Title: SEC
Name: KATZ, ALLAN
Address: 131 CORDOVA BLVD NE
City-St-Zip: SAINT PETERSBURG, FL 33704

Title: VP
Name: HANNA, NASR
Address: 6449 38 AVE N C4
City-St-Zip: SAINT PETERSBURG, FL 33710

Title: TRS
Name: PEVARSKI, DENNIS
Address: 6449 38 AVE N C4
City-St-Zip: SAINT PETERSBURG, FL 33710

I hereby 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 all other like empowered.

SIGNATURE: DAVID W. SAMUELSON, M.D.

PD

05/01/2012

Electronic Signature of Signing Officer or Director

Date