

FILE NOW: FILING FEE AFTER MAY 1 IS \$25.00

200 TO
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PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 604932

(4)

1. Corporation Name

AGIA, MALLIS & PAUTLER, M.D.'S, P.A.



Principal Place of Business

Mailing Address

4600 HABANA
SUITE 3
TAMPA FL 33614

4600 HABANA
SUITE 3
TAMPA FL 33614

3. Date Incorporated or Qualified

01/08/1974

3a. Date of Last Report

04/25/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-1501675

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MALLIS, MARC J MD
4600 N. HABANA AVE.
STE. 3
TAMPA FL 33614

81 Name

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

83

84 City

FL

85 Zip Code

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 the corporation

(NOTE: Registered Agent's signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	1. DELETE
VP	AGIA, RAYMOND T	4600 N HABANA	TAMPA FL	☐
P	MALLIS, MARC J.	4600 N HABANA	TAMPA FL	☐
VPS	PAUTLER, SCOTT	4600 N HABANA	TAMPA FL	☐
				☐
				☐
				☐

13. TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	1. DELETE	2. CHANGE	3. ADDITION
1. TITLE	12 NAME	13 STREET ADDRESS	14 CITY-STATE-ZIP	☐	☐	☐
2. TITLE	27 NAME	23 STREET ADDRESS	24 CITY-STATE-ZIP	☐	☐	☐
3. TITLE	32 NAME	33 STREET ADDRESS	34 CITY-STATE-ZIP	☐	☐	☐
4. TITLE	42 NAME	43 STREET ADDRESS	44 CITY-STATE-ZIP	☐	☐	☐
5. TITLE	52 NAME	53 STREET ADDRESS	54 CITY-STATE-ZIP	☐	☐	☐
6. TITLE	62 NAME	63 STREET ADDRESS	64 CITY-STATE-ZIP	☐	☐	☐

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)