

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 21, 2005 8:00 am
Secretary of State

01-21-2005 90083 013 ***150.00

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1. Entity Name

MALLIS, PAUTLER, COHEN AND BILLIRIS, M.D.'S, P.A.



Principal Place of Business

4600 HABANA
SUITE 3
TAMPA, FL 33614

Mailing Address

4600 HABANA
SUITE 3
TAMPA, FL 33614

40004039



01132005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-1501675

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

**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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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	VP
NAME	MALLIS, MARC J.
STREET ADDRESS	4600 HABANA STE 3
CITY-ST-ZIP	TAMPA, FL 33614
TITLE	P
NAME	PAUTLER, SCOTT
STREET ADDRESS	4600 N HABANA STE 3
CITY-ST-ZIP	TAMPA, FL 33614
TITLE	VPS
NAME	COHEN, STEVEN MYLES
STREET ADDRESS	4600 N HABANA STE 3
CITY-ST-ZIP	TAMPA, FL 33614
TITLE	VPT
NAME	BILLIRIS, KARINA K
STREET ADDRESS	4600 N HABANA AVE 3
CITY-ST-ZIP	TAMPA, FL 33614

**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)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

V. President

Date

Daytime Phone #

1/20/2005

8138775798