## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT # 612251

1. Corporation Name

(9)

CHARLES R. FREEBLE III, M.D., P.A.

OT IT WILL	o m made m mon								
Principal Place	of Business	Mailing Address					(101 010)) 010(1	#1911 B1811 G	)
7111 FIRST AV ST. PETERSBU		7111 FIRST AVE., S. ST. PETERSBURG FL 33707							
						3. Date Incorporated or Qualified 03/09/1979		of Last Re /27/199	
2. Principal Pla	ce of Business	2a, Mailing Address 26			4. FEI Number 59-1886307			Applied For Not Applicable	
Suite, Apt. #	, etc.	Suite, Apt. #, etc. 27			5. Certificate of Status Desired	Fee Required			
City & State		City & State			Election Campaign Financing     Trust Fund Contribution		Added	May Be d to Fees	
Zip <b>24</b>	Country 25	Zip 29	30			8. This corporation has liability for intangible fax under s 199.032, Florida Statutes Yes No  10. Name and Address of New Registered Agent			
	9. Name and Address of Currer	nt Registered Agent		81	Name	10. Name and Address of New H	egistered /	agent	
FREEBLE, CHARLES R. III 7111 FIRST AVE., S.				82	Street Addre	tress (P.O. Box Number is Not Acceptable)			
ST. PETE	RSBURG FL 33707			83 84	City			85 Z <sub>9</sub>	p Code
					•		<u> </u>		·
or registere	o the provisions of Sections 607.0502 ad agent, or both, in the State of Flori h, and accept the obligations of, Sect	da. Such change was authoriz	ed by the o	ve-n corps	named corpora pration's boar	ation submits this statement for the put of of directors. Thereby accept the app	rpose of cha ointment as	nging its r registered	egistered office agent. I am
SIGNATURE _	Signature, typed or printed name of registered agen	and title if apolicable (N	C1E: Rogistorer	i Agen	t signature required	Swherine islating	DATE		
12.		D DIRECTORS	13.			ADDITIONS/CHANGES TO OFF			
TITLE	PD	DELETE 1. 1		1. 1 TITLE				] Change	Addition
NAME	FREEBLE, CHARLES R. III		1 2 N	AME					
STREET ADDRESS	2300 PELHAM ROAD		1.3 \$	18EET	ADDRESS				
CITY-ST-ZIP	ST. PETERSBURG FL			14 CITY - ST - ZIP					
TITLE	☐ DELETE			2 1 THILE			L	Change	☐ Addition
NAME				2 2 NAME					
STREET ADDRESS					ADDRESS				
CiTY-ST-ZiP		F1 pc. 516	2.4 CiTY - ST - ZiP		[-ZIP			1 Change	Addition
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CITY-ST-ZIP		□ DELFTE		.4 C(1Y - S1 - ZIP . 1 TITLE				Change	Addition
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NAME			42N		Theoretics:				
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THILE			5.2 N						
NAME CTOTET ADDRESS					ADDRESS				
STREET ADDRESS									
CITY-ST-ZIP TITLÉ		DELETE	6 1 1		I-Z-P		7	Change	☐ Addition
NAME		- Decere	62 N						_
STREET ADDRESS					ADDRESS				
					ST-ZIP				
CITY-ST-ZIP 14. I do hereb	L y certify that the information supplied	with this filing is voluntarily fur	nished and	doe	s not qualify fi	or the exemption stated in Section 119	i.07(3)(k). Flo	rida Statu	tes. I further

blemental annual report is true and accurate and that my signature shall have the same legal effect as if made under siver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name with an address. certify that the information indicat oath; that I am an officer or direct appears in Block 12 or Block 13

SIGNATURE:

Charles A Freeble 3/1941