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**Mar 10, 1999 8:00 am**  
**Secretary of State**

03-10-1999 90213 024 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # 619684

1. Corporation Name  
**ROBERTO BENEDETTI, M.D., P.A.**



Principal Place of Business	Mailing Address
29605 US HWY 19 N. SUITE 170 CLEARWATER FL 33761 US	29605 US HWY 19 N. SUITE 170 CLEARWATER FL 33761 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	05/01/1979
4. FEI Number	59-1906376
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

2. Principal Place of Business	2a. Mailing Address
21 2848 Glen Hollow DR. Suite, Apt. #, etc.	26 2848 Glen Hollow, DR. Suite, Apt. #, etc.
22 City & State	27 City & State
23 CLEARWATER, FL.	28 CLEARWATER, FL.
24 Zip 33761 Country U.S.A.	29 Zip 33761 Country U.S.A.

9. Name and Address of Current Registered Agent

BENEDETTI, ROBERTO MD  
 29605 US HWY 19 NORTH, SUITE 170  
 CLEARWATER FL 34621

10. Name and Address of New Registered Agent

81 Name	ROBERTO BENEDETTI, M.D.
82 Street Address (P.O. Box Number is Not Acceptable)	2848 GLEN HOLLOW DRIVE
83	
84 City	CLEARWATER FL
85 Zip Code	33761

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	PD <input type="checkbox"/> DELETE
NAME	BENEDETTI, ROBERTO
STREET ADDRESS	29605 US HWY 19 NO, 170
CITY-ST-ZIP	CLEARWATER FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	YD <input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	BENEDETTI ROBERTO
1.3 STREET ADDRESS	2848 GLEN HOLLOW DRIVE
1.4 CITY-ST-ZIP	CLEARWATER, FL.
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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, with all other like empowerments.

SIGNATURE: *Roberto Benedetti, M.D.* 3-4-1999 727-796-5212  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)