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Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 643609

(1)

1. Corporation Name

JASON E. RUDISILL, M.D., P.A.

Principal Place of Business

5622 MARINE PARKWAY, #17
NEW PORT RICHEY FL 34652

Mailing Address

5622 MARINE PARKWAY, #17
NEW PORT RICHEY FL 34652-4366

3. Date Incorporated or Qualified

11/01/1979

3a. Date of Last Report

03/12/1996

2. Principal Place of Business

2a. Mailing Address

21 2251 Paddock Cir.

26 2251 Paddock Cir.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 Duncedin, Fla.

28 Duncedin, Fla.

Zip

Country

Zip

Country

24 34698

25 USA

29 34698

30 USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RUDISILL, JASON E., M.D.
5622 MARINE PARKWAY #17
NEW PORT RICHEY FL 34652

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 true if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME RUDISILL, JASON E.
STREET ADDRESS 151 SUNSET BLVD #17
CITY-ST-ZIP NEW PORT RICHEY FL

☐ DELETE

TITLE D
NAME CHIEN YEH HU
STREET ADDRESS 151 SUNSET BLVD #17
CITY-ST-ZIP NEW PORT RICHEY FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE:

Jason E. Rudisill, M.D., P.A.

Jason E. Rudisill, M.D., P.A.

5/27/97

813-764-0275

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0461887

CR2E034 (9/96)