**NONPROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT#** 736268

1. Corporation Name

ST. PETERSBURG MEDICAL CLINIC FOUNDATION, INC.

Principal Place of Business 1099 FIFTH AVE., NORTH ST. PETERSBURG FL 33705

2. Principal Place of Business

21

Mailing Address

2a. Mailing Address

26

1099 FIFTH AVE., NORTH ST. PETERSBURG FL 33705

## **FILED** Jul 20, 1999 8:00 am Secretary of State

07-20-1999 90019 009 \*\*\*\*62.25

591653 - 90819 - \$ 3 .

3. Date incorporated or Qualifed

07/01/1976



Suite, Apt.	#, etc.	Suite, Apt. #, etc.				4. FEI Number		Apı	olied For
22		27			i	59-1864013		No	Applicable
City & State	9	City & State				E Contiferate of Status Depisor		\$8.75 A	dditional
23	28					5. Certifcate of Status Desired	L	Fee Re	quired
Zip	Country	Zip	Cou	ntry		6. Election Campaign Financing		\$5.00	Mav Be
24	25	29	30			Trust Fund Contribution		Added to	· 1
	9. Name and Address of Current	Registered Agent				10. Name and Address of New F	Registered	Agent	
					Name				
BRIDGEFORD, PAUL H M.D.				=	04	(D.O. B., M., haris N., faranta	-h1-X		
1099 - 5TH AVENUE NORTH				82	Street Addres	s (P.O. Box Number is Not Accepta	ide)		[
ST. PETERSBURG FL 33705									
31. PETENOBUNG PL 33/03				84					
,					City		FL	85 Zip C	ode
11 Pursuant	to the provisions of Sections 617 0500	l	-named corpor	ation submits this statement for the		changing its	registered		
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.									
SIGNATURE	Signature, typed or printed name of registered agent	and Mary Control (NOTE)	On minters al	A = = ==	signature required w	des minetaline)	07/	07/99	<u>}</u>
12.	OFFICERS AND		13.	Agent	signature required v	ADDITIONS/CHANGES TO OF	FICERS AN	ID DIRECTO	RS IN 12
TITLE	PD // /	/ DELETTE	1.1 777	1 F		ABBITIONS/OFFICEO TO ST.		Change	Addition
NAME	BRIDGEFORD, PAUL/H.		1.2 NA		1			_ ,	- }
				1.3 STREET ADDRESS					
STREET ADDRESS				1.4 CITY-ST-ZIP					
CITY-ST-ZIP	ST. PETERSBURGYPL	DELETE	1.4 CIT		-ZIP			Change	Addition
TITLE	<b>7</b> —							☐ Onlinge	[_], addidoi1
NAME	CARLSON, SUSAN M ATTORNE			22 NAME					
STREET ADDRESS	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			2.3 STREET ADDRESS					-
CITY-ST-ZIP	ST PETERSBURG FL 33701			TY-ST	-ZIP			Change	Addition
TITLE								□ Change	Addition
NAME	BYRON, RICHARD 32				Ţ				
STREET ADDRESS				REET	ADDRESS				
CITY-ST-ZIP				TY-ST	-ZIP				
TITLE	D	☐ DELETE	4.1 TIT	LE				☐ Change	☐ Addition
NAME	KOCH, ROBERT 4.			WE					i
STREET ADDRESS	1099 5TH AVE. N. 4			REET/	ADDRESS				
CITY-ST-ZIP	ST. PETERSBURG FL 49			Y-ST-	ZIP				
TITLE	D	☐ DELETE	5.1 गरा	LE				☐ Change	Addition )
NAME	ESTEVEZ, CARLOS 52			MΕ					
STREET ADDRESS	1099 5TH AVE. N. 538			REET	ADDRESS				İ
CITY-ST-ZIP	ST. PETERSBURG FL 540			Y-ST-	ZIP				
TITLE	☐ DELETE 6.1 T			LE				☐ Change	☐ Addition
NAME	6.2			ME					
STREET ADDRESS	ET ADDRESS 6.3			REET/	ADDRESS				}
CITY-ST-ZIP	<b>I</b>			Y-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 suppliemental 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 of the received or trusted empowered to execute this report as required by Chapter 617, 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 empowered.

SIGNATURE: