


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

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

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

Mailing Address

1099 FIFTH AVE., NORTH
ST. PETERSBURG FL 33705

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 **25**

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 **30**

9. Name and Address of Current Registered Agent

BRIDGEFORD, PAUL H M.D.
1099 - 5TH AVENUE NORTH
ST. PETERSBURG FL 33705

81 Name

82 Street Address

83

84 City

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation, office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation or agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

(NOTE: Registered Agent signature required)

12. OFFICERS AND DIRECTORS

| | | |
|----------------|------------------------------|---------------------------------|
| TITLE | PD | <input type="checkbox"/> DELETE |
| NAME | BRIDGEFORD, PAUL H. | |
| STREET ADDRESS | 1099 5TH AVE. N. | |
| CITY-ST-ZIP | ST. PETERSBURG FL | |
| TITLE | STD | <input type="checkbox"/> DELETE |
| NAME | CARLSON, SUSAN M ATTORNE | |
| STREET ADDRESS | STE 1100, 150- 2ND AVE NORTH | |
| CITY-ST-ZIP | ST PETERSBURG FL 33701 | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | BYRON, RICHARD | |
| STREET ADDRESS | 1099 5TH AVE. N. | |
| CITY-ST-ZIP | ST. PETERSBURG FL | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | KOCH, ROBERT | |
| STREET ADDRESS | 1099 5TH AVE. N. | |
| CITY-ST-ZIP | ST. PETERSBURG FL | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | ESTEVEZ, CARLOS | |
| STREET ADDRESS | 1099 5TH AVE. N. | |
| CITY-ST-ZIP | ST. PETERSBURG FL | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13.

| |
|--------------------|
| 1.1 TITLE |
| 1.2 NAME |
| 1.3 STREET ADDRESS |
| 1.4 CITY-ST-ZIP |
| 2.1 TITLE |
| 2.2 NAME |
| 2.3 STREET ADDRESS |
| 2.4 CITY-ST-ZIP |
| 3.1 TITLE |
| 3.2 NAME |
| 3.3 STREET ADDRESS |
| 3.4 CITY-ST-ZIP |
| 4.1 TITLE |
| 4.2 NAME |
| 4.3 STREET ADDRESS |
| 4.4 CITY-ST-ZIP |
| 5.1 TITLE |
| 5.2 NAME |
| 5.3 STREET ADDRESS |
| 5.4 CITY-ST-ZIP |
| 6.1 TITLE |
| 6.2 NAME |
| 6.3 STREET ADDRESS |
| 6.4 CITY-ST-ZIP |

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07/07/97
Date

727/821-1221
Daytime Phone #

CR2E037 (5/99)