

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 759712 (3)

1. Corporation Name

ST. ANTHONY'S ANCILLARY SERVICES, INC.



Principal Place of Business

Mailing Address

P O BOX 12588
ST PETERSBURG FL 33733

P O BOX 12588
ST PETERSBURG FL 33733

3. Date Incorporated or Qualified
08/20/1981

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-2128990

Applied For

Not Applicable

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

**SHUMAKER, REVONDA L.
1200 SEVENTH AVENUE NORTH
1201 5TH AVENUE NORTH
ST. PETERSBURG FL 33705**

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 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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE
NAME BIEBEL, JOHN
STREET ADDRESS 3003 W. DR. MARTIN LUTHER KING BLVD.
CITY-ST-ZIP TAMPA FL

TITLE VD ☐ DELETE
NAME SHUMAKER, REVONDA L.
STREET ADDRESS 3003 W. DR. MARTIN LUTHER KING BLVD.
CITY-ST-ZIP TAMPA FL

TITLE EVPD ☐ DELETE
NAME CHAWK, GARY W.
STREET ADDRESS 3003 W. DR. MARTIN LUTHER KING BLVD.
CITY-ST-ZIP TAMPA FL

TITLE D ☐ DELETE
NAME PITISCI, GILBERT M
STREET ADDRESS 1201 5TH AVENUE N
CITY-ST-ZIP TAMPA FL

TITLE VD ☐ DELETE
NAME MALLAH, ISAAC
STREET ADDRESS 1201 5TH AVENUE N
CITY-ST-ZIP ST. PETERSBURG FL

TITLE VD ☐ DELETE
NAME SCOTT, CHARLES
STREET ADDRESS 1201 5TH AVENUE N
CITY-ST-ZIP ST. PETERSBURG FL

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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Revonda L. Shumaker
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-96

Date

813 825 1074

Daytime Phone #

CR2E037 (12/95)