

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 14, 2004 8:00 am
Secretary of State

05-14-2004 90007 008 ****70.00

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DOCUMENT # 759712

1. Entity Name
ST. ANTHONY'S ANCILLARY SERVICES, INC.



Principal Place of Business
**1200 7TH AVENUE NORTH
ST PETERSBURG, FL 33705**

Mailing Address
**1200 7TH AVENUE NORTH
ST PETERSBURG, FL 33705**

DO NOT WRITE IN THIS SPACE

05112004 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-2128990

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

Kyes
KYES, FORD N
1200 SEVENTH AVENUE NORTH
ST. PETERSBURG, FL 33705

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature: typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	KYES, FORD N
STREET ADDRESS	1200 7TH AVENUE NORTH
CITY-ST-ZIP	ST PETERSBURG, FL 33705
TITLE	TD
NAME	TREMONTI, CARL MD
STREET ADDRESS	1200 7TH AVENUE NORTH
CITY-ST-ZIP	ST PETERSBURG, FL 33705
TITLE	SD
NAME	BEAMMA, MARLYS
STREET ADDRESS	1200 7TH AVENUE NORTH
CITY-ST-ZIP	ST PETERSBURG, FL 33705
TITLE	Bradley, Teresa MD (O.V.P.)
NAME	1200 7th Ave. No.
STREET ADDRESS	St. Petersburg, FL 33705
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-11-04

Date

Daytime Phone #

727-825-1074