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FILED
Jan 20 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **G13409** (9)

1. Corporation Name

FREDDY A. CAMMUZI, M.D., P.A.
FLORIDA UROLOGICAL INSTITUTE P.A.

Principal Place of Business

% FREDDY A. CAMMUZI, M.D.
3301 66 ST. N.
ST PETERSBURG FL 33710

Mailing Address

% FREDDY A. CAMMUZI, M.D.
3301 66 ST. N.
ST PETERSBURG FL 33710

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/13/1982

4. FEI Number

59-2238000

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 **FLORIDA UROLOGICAL INSTITUTE**

Suite, Apt. #, etc.

22 **6450 38TH AVE N S 110**

City & State

23 **ST PETERSBURG FLORIDA**

Zip

24 **33710**

Country

25 **USA**

2a. Mailing Address

26 **FLORIDA UROLOGICAL INSTITUTE**

Suite, Apt. #, etc.

27 **6450 38TH AVE N S 110**

City & State

28 **ST PETERSBURG FLORIDA**

Zip

29 **33710**

Country

30 **USA**

9. Name and Address of Current Registered Agent

CAMMUZI, FREDDY A., M.D.
3301 66 STR
ST PETERSBURG FL 33710

10. Name and Address of New Registered Agent

81 Name **CAMMUZI, FREDDY A.; M.D.**

82 Street Address (P.O. Box Number is Not Acceptable)

6450 38TH AVE N S 110

83

84 City **ST PETERSBURG**

FL

85 Zip Code
33710

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

Freddy A. Cammuzi

Signature, typed or printed name of registered agent and block applicable

(NOTE: Registered Agent signature required when reinstating)

1-5-98

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **DP**
CAMMUZI, FREDDY A MD
STREET ADDRESS **3301 66 STR NORTH**
CITY-ST-ZIP **ST PETERSBURG FL**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

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TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME **DP**

1.3 STREET ADDRESS **CAMMUZI, FREDDY A MD**

1.4 CITY-ST-ZIP **6450 38TH AVE N S 110**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME **ST PETERSBURG FL 33710**

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 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 *Freddy A. Cammuzi*

1-5-98

02-345 2274

CR2E034 (10/97)