## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## **FILED** Feb 21, 1999 8:00 am Secretary of State

02-21-1999 90054 001 \*\*\*150.00

## DOCUMENT # **G29796**

1. Corporation Name

PINELLAS HEALTH AGENCY, INC.

		*	es de	, fess	er wild f	postport		
Principal Plac	ce of Business	Mailing Address				A TRANSILLA BRAND HAND HANSE SARKE LOTTE DELLA OFFICIA		E DIRECTORNE CORE
% PETER D. W		% PETER D. WALLACE					,	
2348 SUNSET POINT RD. SUITE A		2348 SUNSET POINT RD. SUITE A				•		
CLEARWATER FL 33765		CLEARWATER FL 2005 33765			DO NOT WRITE IN THIS SPACE -			
						3. Date Incorporated or Qualifed 03/10/1983		
2. Principal P	Place of Business	2a. Mailing Address				4. FEI Number		Applied For
21		26				59-2267116		lot Applicable
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.					<b>\$9.75</b>	Additional
22		27		5. Certificate of Status Desired		Required		
City & State		City & State		6. Election Campaign Financing	\$5.00	) May Be		
23		28			Trust Fund Contribution		to Fees	
Zip	Country	Zip	Countr	у		8. This corporation owes the current year In	tangible	
24	25	29	30			Personal Property Tax.	Yes	⊠No
	9. Name and Address of Current	Registered Agent				10. Name and Address of New Registered	Agent	
14/11	LACE DETER D		81	Nam	e			
	LACE, PETER D.		82	Ctra	-	on (D.O. Day Musebasis Net Assessed		
	S SUNSET POINT RD. SUITE A		64	50 B	at Addres	ss (P.O. Box Number is Not Acceptable)		
CLE	ARWATER FL 34625		83	3				
}			84	City		´ FL	85 Zip	Code
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508. Florida Statut	es, the abov	e-name	ed comor	ration submits this statement for the purpose of	-     changing it	s registered
office or r	registered agent, or both, in the State o	of Florida. Such change was a	uthorized by	/ the co	rporation	's board of directors. I hereby accept the appoint	intment as r	egistered
agent. ra	ım familiar with, and accept the obligati	ons of, Section 607.0505, Flor	nda Statutes	S.				
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable (BIOTE	Decisional Aco	at sineatu		when reinstating) DATE		
12.	OFFICERS AND	**	13.	mi signatu	e required w	ADDITIONS/CHANGES TO OFFICERS AN	ID DIDECT	OPS IN 12
TITLE	PD	☐ DELETE	1.1 TITLE			ADDITIONAL CHANGES TO OFFICERS AF	Change	
NAME	WALLACE, PETER D.	<u></u>	1,2 NAME					
STREET ADDRESS	2348 SUNSET POINT RD, #A			T D. D. D. C.		•		
i	CLEARWATER FL 33769		1.3 STREE	I ADUKE	,S			
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		☐ DELETE	2.1 TITLE 2.2 NAME				☐ Change	Addition
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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 of supplemental annual report is rule and accurate and that my signature shall have the same legal effect as if made under oath; that I arm 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, of the an attachment with an address, with all other like empowered.

SIGNATURE:

727-797-8900