

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # H59356 (6)

1. Corporation Name

DR. THOMAS A. PAULANTONIO, P.A.

Principal Place of Business

Mailing Address

**C/O THOMAS A. PAULANTONIO
5001 4TH ST N
ST PETERSBURG FL 33703**

**C/O THOMAS A. PAULANTONIO
5001 4TH ST N
ST PETERSBURG FL 33703**

**APPROVED
AND
FILED**
95 MAY -1 AM 4:39

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/20/1985

3b. Date of Last Report

05/01/1994

2. Principal Place of Business

21

2a. Mailing Address

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

59-2595379

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

**PAULANTONIO, THOMAS A.
5001 4TH STREET, NORTH
ST PETERSBURG FL 33703**

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 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 this 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

12. OFFICERS AND DIRECTORS

12. OFFICERS AND DIRECTORS
1. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
2. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
3. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
4. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
5. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
6. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
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

14. I do hereby certify that the information supplied with this filing is a true and correct statement and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or any supplemental statement 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 principal or the person 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 to this report.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/95 **813-521-4244**