

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

APPROVED  
AND  
FILED  
97 JUL 31 PM 12:24  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # H67080

(2)

1. Corporation Name

STEVEN W. SALZBERG, M.D., P.A.



Principal Place of Business

% STEVEN W. SALZBERG, M.D.  
762 BAYSHORE DRIVE  
TARPON SPRINGS FL 34689

Mailing Address

% STEVEN W. SALZBERG, M.D.  
762 BAYSHORE DRIVE  
TARPON SPRINGS FL 34689

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/18/1985

3a. Date of Last Report

04/08/1996

4. FEI Number

59-2557581

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

Suite, Apt., etc.

Apt. # 1703

City & State

Clearwater, FL

Zip

33767

Country

USA

2a. Mailing Address

26

Suite, Apt., etc.

Apt. # 1703

City & State

Clearwater, FL

Zip

33767

Country

USA

10. Name and Address of New Registered Agent

81 Name

Steven W. Salzberg M.D.

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

1560 Gulf Blvd. Apt. # 1703

83

84 City

Clearwater

FL

85 Zip Code

33767

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

Steven W. Salzberg MD

(NOTE: Registered Agent signature required when reinstating)

DATE

7/15/97

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME PTS  
SALZBERG, STEVEN  
STREET ADDRESS 762 BAYSHORE DR.  
CITY-ST-ZIP TARPON SPRINGS FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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 PTS  
Salzberg, Steven  
1.3 STREET ADDRESS 1560 Gulf Blvd. Apt. 1703  
1.4 CITY-ST-ZIP Clearwater FL 33767

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 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:

Steven W. Salzberg MD PA 813-596-9627

CP2E034 (4/97)