

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # J98281 (5)

1. Corporation Name

PETERFREUND, ST. JOHN, JENSEN & WEIBLE, PHYSICIA
NS, P.A.



Principal Place of Business

Mailing Address

1055 SO. FT. HARRISON
~~617 LAKEVIEW RD STE A~~
CLEARWATER FL 34616
US

1055 SO. FT. HARRISON
617 LAKEVIEW RD STE A
CLEARWATER FL 34616
US

3. Date Incorporated or Qualified
10/21/1987

3a. Date of Last Report
05/22/1995

2. Principal Place of Business

2a. Mailing Address

21 1055 So. Ft. Harrison

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

4. FEI Number

59-2845189

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

ST. JOHN, PATRICIA A.
1055 SO. FT. HARRISON
CLEARWATER FL 34616

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 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

Signature typed or printed name of registered agent and the agent's date

Printed Registered Agent Signature (if provided electronically)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
V
ST. JOHN, PATRICIA A.
304 MAGNOLIA DR
CLEARWATER FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
P
PETERFREUND, DAVID O.
1202 PALMVIEW AVE.
BELLEAIR FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
TS
JENSEN, JEFFERY
14111 KENSINGTON OAK PL
LARGO FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
VP
WEIBLE, DELL
1208 SUNSET DR
CLEARWATER FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ DELETE

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplement to 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/30/96

813-447-7786

CR2E034 (12/95)