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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(0)

RIZALINA B. TAN, M.D., P.A.

Principal Place of Business

3023 18T AVE NORTH ST PETERSBURG FL 33713-5806

2. Principal Place of Business

TAN, RIZALINA B.

261 SUNSET DRIVE NORTH

ST. PETERSBURG FL 33710

Sulte, Apt. #, etc.

City & State

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Zip

Mailing Address

2a. Mailing Address

City & State

Ζip

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9, Name and Address of Current Registered Agent

Suite, Apt. #, etc.

3023 1ST AVE NORTH ST PETERSBURG FL 33713-5606

FILED May 11 1998 8:00am Secretary of State



10. Name and Address of New Registered Agent

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

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

Country

81 Name

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City

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CIONATURE	•			atoma bodina of officerolas. This oby accept the appointment as	
	Signature, typed or printed name of migisterest agent and title if a		E: Registered Agent signature requi	·	
12.	OFFICERS AND DIRECTO	···	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	
TITLE	P/T	DELETE	1.1 TITLE	Change	Addition
NAME	TAN, RIZALINA B.		1.2 NAME		
STREET ADDRESS	3023 FIRST AVENUE NORTH		1.3 STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG FL 33713-8606		1.4 CITY-ST-ZIP		
TITLE		DELETE	2.1 TITLE	Change	Addition
NAME :			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS	·	
CITY-ST-ZIP			2. 4 CITY-\$1-ZIP		
TITLE		DELETE	3.1 TITLE	Change	Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY+ST-ZIP	_		3.4. CITY-ST-ZIP		
TITLE -		☐ DELET E	4.1 TITLE	☐ Change	Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		DELETE	5.1 TITLE	☐ Change	☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			54 CITY-ST-ZIP		
TITLE		DELETE	61 THLE	. Change	Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
AUTV AT NA			6.4 DUTH OT 7/0		

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 of an attachment with an address?

SIGNATURE: X

Zip Code