

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

0065749

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # L72308

(4)

1. Corporation Name

TODD KALEEL, M.D., P.A.



Principal Place of Business

6816 22ND AVE NORTH
ST PETERSBURG FL 33710

Mailing Address

6816 22ND AVE NORTH
ST PETERSBURG FL 33710

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/09/1990

4. FEI Number

59-3005734

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 3301 BAYSHORE BLVD

2a. Mailing Address

26 3301 BAYSHORE BLVD.

Suite, Apt. #, etc.

22 APT. 907

Suite, Apt. #, etc.

27 APT. 907

City & State

23 TAMPA, FL

City & State

28 TAMPA, FL

Zip

24 33629

Country

Zip

29 33629

Country

30

9. Name and Address of Current Registered Agent

ENGLANDER, LEONARD S.
5959 CENTRAL AVE.
SUITE 201
ST PETERSBURG FL 33710

10. Name and Address of New Registered Agent

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DPVS

NAME KALEEL, TODD M.D.

STREET ADDRESS 6816 22ND AVE N

CITY-ST-ZIP ST PETERSBURG FL

DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

DELETE

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

Change Addition

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 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

T. Kaleel Todd Kaleel

7/31/98 (727)344-1463

CR2E034 (5/98)