

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

FILED  
Mar 27 1997 8:00am  
Secretary of State

|  |   |  |
|--|---|--|
| PROFIT<br>CORPORATION<br>ANNUAL REPORT<br>1997 |  | FLORIDA DEPARTMENT OF STATE<br>Sandra B. Mortham<br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|--|

DOCUMENT # L78562 (0)

1. Corporation Name

J. MERREL PAGAN, M.D., P.A.

Principal Place of Business

Mailing Address

2191 9TH AVE NORTH  
#115  
ST. PETERSBURG FL 33713  
US

2191 9TH AVE NORTH  
#115  
ST. PETERSBURG FL 33713-7147  
US

3. Date Incorporated or Qualified

06/07/1990

3a. Date of Last Report

04/18/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number

59-3014006

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

BAYNARD, WILLIAM T., JR.  
100 2ND AVENUE SOUTH  
SUITE 1202  
ST. PETERSBURG 33701

1700 Ninth St. No  
St. Petersburg FL  
33704

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME PAGAN, J. MERREL  
STREET ADDRESS 2191 9TH AVE NO #115  
CITY-ST-ZIP ST PETE FL

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

TITLE ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

TITLE ☐ DELETE

7.1 TITLE ☐ Change ☐ Addition

7.2 NAME

7.3 STREET ADDRESS

7.4 CITY-ST-ZIP

TITLE ☐ DELETE

8.1 TITLE ☐ Change ☐ Addition

8.2 NAME

8.3 STREET ADDRESS

8.4 CITY-ST-ZIP

TITLE ☐ DELETE

9.1 TITLE ☐ Change ☐ Addition

9.2 NAME

9.3 STREET ADDRESS

9.4 CITY-ST-ZIP

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10.1 TITLE ☐ Change ☐ Addition

10.2 NAME

10.3 STREET ADDRESS

10.4 CITY-ST-ZIP

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11.1 TITLE ☐ Change ☐ Addition

11.2 NAME

11.3 STREET ADDRESS

11.4 CITY-ST-ZIP

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12.1 TITLE ☐ Change ☐ Addition

12.2 NAME

12.3 STREET ADDRESS

12.4 CITY-ST-ZIP

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13.1 TITLE ☐ Change ☐ Addition

13.2 NAME

13.3 STREET ADDRESS

13.4 CITY-ST-ZIP

TITLE ☐ DELETE

14.1 TITLE ☐ Change ☐ Addition

14.2 NAME

14.3 STREET ADDRESS

14.4 CITY-ST-ZIP

TITLE ☐ DELETE

15.1 TITLE ☐ Change ☐ Addition

15.2 NAME

15.3 STREET ADDRESS

15.4 CITY-ST-ZIP

TITLE ☐ DELETE

16.1 TITLE ☐ Change ☐ Addition

16.2 NAME

16.3 STREET ADDRESS

16.4 CITY-ST-ZIP

TITLE ☐ DELETE

17.1 TITLE ☐ Change ☐ Addition

17.2 NAME

17.3 STREET ADDRESS

17.4 CITY-ST-ZIP

TITLE ☐ DELETE

18.1 TITLE ☐ Change ☐ Addition

18.2 NAME

18.3 STREET ADDRESS

18.4 CITY-ST-ZIP

TITLE ☐ DELETE

19.1 TITLE ☐ Change ☐ Addition

19.2 NAME

19.3 STREET ADDRESS

19.4 CITY-ST-ZIP

TITLE ☐ DELETE

20.1 TITLE ☐ Change ☐ Addition

20.2 NAME

20.3 STREET ADDRESS

20.4 CITY-ST-ZIP

TITLE ☐ DELETE

21.1 TITLE ☐ Change ☐ Addition

21.2 NAME

21.3 STREET ADDRESS

21.4 CITY-ST-ZIP

TITLE ☐ DELETE

22.1 TITLE ☐ Change ☐ Addition

22.2 NAME

22.3 STREET ADDRESS

22.4 CITY-ST-ZIP

TITLE ☐ DELETE

23.1 TITLE ☐ Change ☐ Addition

23.2 NAME

23.3 STREET ADDRESS

23.4 CITY-ST-ZIP

TITLE ☐ DELETE

24.1 TITLE ☐ Change ☐ Addition

24.2 NAME

24.3 STREET ADDRESS

24.4 CITY-ST-ZIP

TITLE ☐ DELETE

25.1 TITLE ☐ Change ☐ Addition

25.2 NAME

25.3 STREET ADDRESS

25.4 CITY-ST-ZIP

TITLE ☐ DELETE

26.1 TITLE ☐ Change ☐ Addition

26.2 NAME

26.3 STREET ADDRESS

26.4 CITY-ST-ZIP

TITLE ☐ DELETE

27.1 TITLE ☐ Change ☐ Addition

27.2 NAME

27.3 STREET ADDRESS

27.4 CITY-ST-ZIP

TITLE ☐ DELETE

28.1 TITLE ☐ Change ☐ Addition

28.2 NAME

28.3 STREET ADDRESS

28.4 CITY-ST-ZIP

TITLE ☐ DELETE

29.1 TITLE ☐ Change ☐ Addition

29.2 NAME

29.3 STREET ADDRESS

29.4 CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)