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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # L95721

1. Corporation Name

Apr 05, 1999 8:00 am Secretary of State

04-05-1999 90021 048 ***150.00

THOMAS	S J. PUSATERI, M.D., P.A.									li
Principal Plac	e of Business	Mailing Address				-	DI BIBIL #14	/AF BIB II B II		181
13602 N 46TH	ST	13602 N 46TH ST				}				
TAMPA FL 33613-4931 TAMPA FL 33613-4931						DO NOT WRITE IN THIS SPACE				
						3. Date Incorporated or Qualifed	-			
						08/15/1990				- {
2. Principal P	Place of Business	2a. Mailing Address				4. FEI Number	•		Applied For	
21	1200 01 030111010	26				59-3015713			Not Applicat	ble
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				_	 1	\$8.7	5 Additional	
22		27				5. Certificate of Status Desired	J 	Fee	Required	
City & Stat	te	City & State				6. Election Campaign Financing		\$5.0	0 May Be	j
23		28				Trust Fund Contribution	J	Adde	ed to Fees_	_
Zip	Country	Zip		intry		8. This corporation owes the current				- }
24	25	29	30			Personal Property Tax.		Yes	□No	\dashv
	9. Name and Address of Curren	r Registered Agent		81	Name	10. Name and Address of New Regi	Steleti A	Acur		\dashv
DAM	ISEUR, HENRY M MD			["]						
13602 N 46TH ST				82	Street Addre	Address (P.O. Box Number is Not Acceptable)				(
	IPA FL 33613			83			_			$\overline{}$
17 444	11 A 1 E 00010									
	•			84	City		FL	85 Z	ip Code	
office or I	to the provisions of Sections 607.050; registered agent, or both, in the State am familiar with, and accept the obligat	of Florida, Such change was a	uthorized	d by I	the corporation	oration submits this statement for the pur n's board of directors. I hereby accept the	oose of o	hanging tment as	its registere registered	d
SIGNATURE										
<u>.</u>	Signature, typed or printed name of registered agen		 _	Agent	t signature required		DATE		TODO IN 4	
12.		ID DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICE	ERS ANI	Chang		
TITLE	D THOMAS I		1.7 TI		[,	
NAME	PUSATERI, THOMAS J.		1.2 N		4000000					
STREET ADDRESS					ADDRESS					3
CITY-ST-ZIP	TAMPA FL									
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·		☐ DELETE	1.4 CF 2.1 T/ 2.2 N/	TY-ST TLE AME				☐ Chan	je ∏Add	lition
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STREET ADDRESS		☐ DELETE	2.1 Tr 2.2 No 2.3 ST	TTY-ST TLE AME TREET CITY-S	ADDRESS			☐ Chane		
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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 artischment with an address, with all other like empowered.

SIGNATURE:

Daytime Phone #