PROFIT CORPORATION ANNUAL REPORT

1999

1. Corporation Name

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Apr 09, 1999 8:00 am Secretary of State

04-09-1999 90074 012 ***150.00

DOCUMENT # M67936 PAUL R. STEADMAN, M.D., P.A.

Principal Place of Business Mailing Address 7601 9 STREET N SUITE E ST. PETERSBURG FL 33702 US DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 02/11/1988 2. Principal Place of Business 21 7601 9 th Street N. 26 7601 9 th Street N. 26 7601 9 th Street N. 27 Suite, Apt. #, etc. 28 Suite, Apt. #, etc. 29 Suite C-2 City & State City & State Country Zip Zip Zip Country Zip Zip Zip Zip Zip Zip Zip Zi
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US 2. Principal Place of Business 2. Applied For Suite, Apt. #, etc. 2. Suite C-2 2. City & State 2. City & State 2. City & State 2. City & State 3. Date Incorporated or Qualifed 02/11/1988 4. FEI Number 59-2871158 50. Certificate of Status Desired 51. Fee Required 62. Election Campaign Financing 63. Trust Fund Contribution 64. FEI Number 65. Certificate of Status Desired 65. Certificate of Status Desired 66. Election Campaign Financing 67. Trust Fund Contribution 67. Added to Fees 68. This corporation owes the current year Intangible 69. Personal Property Tax.
2. Principal Place of Business 2. Applied Form 2. Fill Number 3. Suite, Apt. #, etc. 3. Suite C-2 4. FEI Number 59-2871158 50-2871
21 7601 9th Street N. 26 7601 9th Street N. 59-2871158 Not Applic Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certifcate of Status Desired \$8.75 Addition Fee Required 22 Suite C-2 City & State 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees 23 St. Petersburg, FI. Zip Country Trust Fund Contribution Added to Fees 21 33702 30 8. This corporation owes the current year Intangible Personal Property Tax. No
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40 Name and Address of New Posistered Asset
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81 Name
STEADMAN, PAUL R. 82 Street Address (P.O. Box Number is Not Acceptable)
961 LIVE OAK AVENUE N.E.
ST. PETERSBURG FL 33703
84 City 85 Zip Code
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 register 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 Storature. Noted or grinted name of registered agent and site if applicable. (NOTE: Registered Agent signature required when reinstating) DATE
Signature, typed or printed name of registered agent and tale it applicable. (NO.12, registered registered agent and tale it applicable.
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6.4 CITY-ST-ZIP CITY-ST-ZIP 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, with all other like empowered.

5.1 TITLE

5.2 NAME

6.1 TM F

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ DELETE

☐ DELETE

SIGNATURE: 6

☐ Change

☐ Change

☐ Addition

___ Addition