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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # M84684

1. Corporation Name

MEDICAL ASSOCIATES OF CENTRAL PINELLAS, LEO R. T EYTELBAUM, M.D., P.A.

Principal Place of Business
9170 OAKHURST ROAD SUITE 1 SEMINOLE FL 34646

## **FILED** Feb 25, 1999 8:00 am Secretary of State

02-25-1999 90067 030 \*\*\*150.00



Principal Place	of Business	Mailing Address			. (25188)			
9170 OAKHURST ROAD		9170 OAKHURST ROAD				•		
SUITE 1		SUITE 1		DO NO	DO NOT WRITE IN THIS SPACE			
SEMINOLE FL 34646		SEMINOLE FL 34646			3. Date incorporated or Qu			
					07/01/1988			
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number		Al	oplied For
21		26			59-2896290		N	ot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Des	ired 🗆	•	Additional
22		27			3. Comments of States 200			equired
City & State		City & State			6. Election Campaign Fina	- 11		May Be
23		28			Trust Fund Contribution			to Fees
Zip Country		Zip Country		This corporation owes to  Personal Property Tax.	ne current year in	tangible ☐ Yes	□No	
24	9. Name and Address of Current		3U		10. Name and Address of	New Registered		
	9. Name and Address of Current	Nagisterau Agent		81 Name	<b>70.</b> 10. 10. 10. 10. 10. 10. 10. 10. 10. 10.			
TEYTELBAUM, LEO R.			Ļ		Add to the second secon			
	OAKHURST ROAD			82 Street	Address (P.O. Box Number is Not A	-ccehianie)		
SUIT	E1 ,			83				$\neg \neg$
SEMI	INOLE FL 34646 33776	6-2112.	-	94 015		<u> </u>	85 Zip	Code
	•			84 City		FL	-   63   Zip	Code
11. Pursuant	to the provisions of Sections 607.0502	and 607 1508, Florida Statutes	s, the ab	ove-named	corporation submits this statement	for the purpose of	changing its	registered
office or re agent. I as	egistered agent, or both, in the State o m familiar with, and accept the obligati	r Florida. Such change was autons of, Section 607.0505, Florid	inorizea da Statu	ites.	oration's board of directors. Thereby	y accept the appo	manem 23 re	gistored
=								
SIGNATURE								
SIGNATÜRE	Signature, typed or printed name of registered agent			Agent signature r	equired when reinstating)	DATE TO OFFICE A	UD DIDECT	ODC IN 42
12.	OFFICERS AND	DIRECTORS	13.		equired when reinstating)  ADDITIONS/CHANGES			
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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 resolver or trustee empowers to secure this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or an antachment with an address with all other like empowered.

SIGNATURE: