

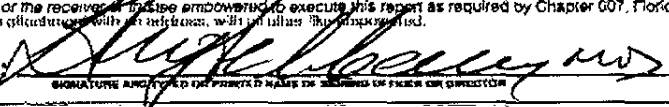
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**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 22, 2004 08:00 AM
Secretary of State

DOCUMENT # M84884		
1. Entity Name MEDICAL ASSOCIATES OF CENTRAL PINELLAS, LEO R. TEYTELBAUM, M.D., P.A.		
Principal Place of Business 9170 OAKHURST ROAD SUITE 1 SEMINOLE, FL 33776		Mailing Address 9170 OAKHURST ROAD SUITE 1 SEMINOLE, FL 33776
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent TEYTELBAUM, LEO R. 9170 OAKHURST ROAD SUITE 1 SEMINOLE, FL 33776-2112		DO NOT WRITE IN THIS SPACE
8. The above current entity executes this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.		
SIGNATURE _____ Signature typed in printed name of registered agent and his appearance. (NOT FL. Registered Agent's signature required when reappointing) DATE _____		
FILE NOW!! FEE IS \$150.00 Due by September 3, 2004		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
10. OFFICERS AND DIRECTORS		
NAME STREET ADDRESS CITY ST ZIP	D TEYTELBAUM, LEO R. 9170 OAKHURST RD., STE 1 SEMINOLE, FL	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this report or supplementing 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 10 or Block 11 if changed, or on an affidavit with an affidavit, with all other filers incorporated.		
SIGNATURE  7/16/04 (127)344-7339		