Sent By: ; 7278200015; 01 Jul 04 11:49AM;Job 772;Page 3/3

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

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # M84884

1. Entity Name
MEDICAL ASSOCIATES OF CENTRAL PINELLAS, LEO R. TEYTELBAUM, M.D., P.A.

Principal Place of Business	Mailing Address
9170 OAKHURST ROAD SUITE 1 SEMINOLE, FL 33776	9170 OAKHURST ROAD SUITE 1 SEMINOLE, FL 33776

DO NOT WRITE IN THIS SPACE

07012004 No Chg-P CR2E034 (10/03)

4. FEI Number
NOT APPLICABLE
Applied For
Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TEYTELBAUM, LEO R.
9170 OAKHURST ROAD
SUITE 1
SEMINOLE, FL 33776-2112

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8. The above named entity submits 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 or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!! FEE IS $150.00
Due by September 5, 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

TITLE	D
NAME	TEYTELBAUM, LEO R.
STREET ADDRESS	9170 OAKHURST RD., STE 1
CITY ST ZIP	SEMINOLE, FL
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
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STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

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07/22/04-80002-021 150.00

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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)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 attachment with an address, with all other like empowered.

SIGNATURE: [signature] MD 7/16/04 (727) 344-7339
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #