FILED
Apr 25, 2005 08:00 A
Secretary of State

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N02000007125

1. Entity Name
ST. ANTHONY'S PRIMARY CARE, INC.

Principal Place of Business
1200 7TH AVENUE NORTH
ST. PETERSBURG, FL 33705 US

Mailing Address
ADMIN 1200 7TH AVENUE NORTH
ST. PETERSBURG, FL 33705 US

04062005 No Chg-NP CR2E037 (10/03)

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4. FEI Number
33-1022435
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

KYES, FORD
1200 7TH AVE N
SAINT PETERSBURG, FL 33705

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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 remetaling) DATE

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

000000330912
04/25/05-80177-012 70.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	KYES, FORD
STREET ADDRESS	1200 7TH AVE N
CITY-ST-ZIP	SAINT PETERSBURG, FL 33705
TITLE	T
NAME	TREMONTI CARL, SR
STREET ADDRESS	1200 7TH AVE N
CITY-ST-ZIP	SAINT PETERSBURG, FL 33705
TITLE	CS
NAME	BEAM, MARLYS
STREET ADDRESS	1200 7TH AVE N
CITY-ST-ZIP	SAINT PETERSBURG, FL 33705
TITLE	D
NAME	SIZEMORE, PATRICIA
STREET ADDRESS	1200 7TH AVE N
CITY-ST-ZIP	SAINT PETERSBURG, FL 33705
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 617, 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: _____ 4/11/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #