SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $305)

NONPROFIT CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
1995 AUG -3 AM 9:16
TALLAHASSEE, FLORIDA

DOCUMENT # **N49749** **(7)**

1. Corporation Name

PINELLAS COUNTY MEDICAL SOCIETY INC.

Principal Place of Business	Mailing Address
7411 - 114TH AVENUE NORTH SUITE 306 LARGO FL 34643-5108	7411 - 114TH AVENUE NORTH SUITE 306 LARGO FL 34643-5108

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/30/1992
3a. Date of Last Report: 03/29/1994
4. FEI Number: 59-0618453 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **FILING FEE IS $61.25**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☑ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

COLETTI, WILLIAM E.
7411 - 114TH AVENUE NORTH
SUITE 306
LARGO FL 34643-5108

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. *Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered 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 617.0503, Florida Statutes.

SIGNATURE ✓ _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	LETT, JAMES E II	1.2 NAME	Osama Suliman, M.D.	
STREET ADDRESS	1466 S FT HARRISON #204	1.3 STREET ADDRESS	1201 5th Avenue, North	
CITY-ST-ZIP	CLEARWATER FL	1.4 CITY-ST-ZIP	St. Petersburg, Fl	
TITLE	PED	2.1 TITLE	PE	☒ Change ☐ Addition
NAME	SULIMAN, OSAMA M	2.2 NAME	Jesse Kane, M.D.	
STREET ADDRESS	1201 5TH AVE NORTH	2.3 STREET ADDRESS	3820 Tampa Road	
CITY-ST-ZIP	ST PETERSBURG FL	2.4 CITY-ST-ZIP	Palm Harbor, FL	
TITLE	VD	3.1 TITLE	VD	☒ Change ☐ Addition
NAME	KANE, JESSE MD	3.2 NAME	Steven LeVine, M.D.	
STREET ADDRESS	3820 TAMPA RD	3.3 STREET ADDRESS	4957 38th Avenue, N.	
CITY-ST-ZIP	PALM HARBOR FL	3.4 CITY-ST-ZIP	St. Petersburg, FL	
TITLE	SD	4.1 TITLE	SD	☐ Change ☒ Addition
NAME	LEVINE, STEVEN M	4.2 NAME	Angela Ayer, M.D.	
STREET ADDRESS	4957 38TH AVE NORTH	4.3 STREET ADDRESS	V.A. Center	
CITY-ST-ZIP	ST PETERSBURG FL	4.4 CITY-ST-ZIP	Bay Pines, FL	
TITLE	TD	5.1 TITLE	TD	☐ Change ☐ Addition
NAME	RAYMOND D. HANSEN, M.D.	5.2 NAME	Raymond D. Hansen, M.D.	
STREET ADDRESS	1972 BAYSHORE BOULEVARD	5.3 STREET ADDRESS	1972 Bayshore Boulevard	
CITY-ST-ZIP	DUNEDIN FL 34698	5.4 CITY-ST-ZIP	Dunedin, FL 34698	
TITLE	ED	6.1 TITLE		☐ Change ☐ Addition
NAME	WILLIAM E. COLETTI	6.2 NAME		
STREET ADDRESS	7411 114TH AVENUE NORTH, SUITE 306	6.3 STREET ADDRESS		
CITY-ST-ZIP	LARGO FL 34643	6.4 CITY-ST-ZIP		

CR2E037 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: William E Coletti
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0018580