

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
May 20 1997 8:00am
Secretary of State

DOCUMENT # N93000001925 (7)

1. Corporation Name

PEDIATRIC MEDICAL SURGICAL SUBSPECIALTY GROUP, I
NC.



Principal Place of Business

Mailing Address

2323 CURLEW RD
SUITE 7E
PALM HARBOR FL 34683

2323 CURLEW RD
SUITE 7E
PALM HARBOR FL 34683-6832

3. Date Incorporated or Qualified
04/28/1993

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
59-3178616

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JACOBSON, CHARLES J
2323 CURLEW RD
SUITE 7E
PALM HARBOR FL 34683

MUTAZ B. Habal MD
PMSS
801 West M. L. King Blvd
Tampa, FL 33603

81 Name

MUTAZ B. Habal

82 Street Address (P.O. Box Number is Not Acceptable)

801 West M. L. King Blvd
Tampa Bay Craniofacial Center

83 City

Tampa, FL

84

Zip Code
33603

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. **Secretary, Treasurer, Director**

SIGNATURE

Mutaz B. Habal

Mutaz B. Habal, Registered Agent

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE
5/9/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
DP
PLASENCIA, DANIEL J
2110 W M. L. KING BLVD
TAMPA FL 33607

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
DS
GUGGINO, GIACOMO
3446 SWANN AVENUE
TAMPA FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
DT
HABAL, MUTAZ
801 W M. L. KING BLVD
TAMPA FL 33603

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

D

☒ Change ☐ Addition

P/D

☒ Change ☐ Addition

3155 Swann Ave.
Tampa, FL 33609

S/T/LD
600002199796
-06/03/97--01062--003
***61.25

VID
Gunderman, Richard
5106 N. Armenia Av. #5
Tampa, FL 33615

☒ Change ☒ Addition

D
Aglano, Dennis S.
4600 N. Habana Av. #23
Tampa, FL 33614

☐ Change ☒ Addition

OS
5/20/97

14. I do 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 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 in an attachment with an address.

SIGNATURE

Mutaz B. Habal

4/6/97

CR2E037 (9/96)