

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 12, 2005 08:00 AM
Secretary of State

DOCUMENT # N93000001925

1. Entity Name
PEDIATRIC MEDICAL SURGICAL SUBSPECIALTY
GROUP, INC.



Principal Place of Business
801 WEST M L KING JR BLVD
TAMPA, FL 33615 US

Mailing Address
801 WEST M L KING JR BLVD
PALM HARBOR, FL 33603 US



02042005 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-3178616

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

HABAL, MUTAZ B
801 WEST M.L. KING BLVD
TAMPA BAY CRANIO-FACIAL CENTER
TAMPA, FL 33603

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$61.25
Due by May 1, 2005**

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	GUGGINO, GIACOMO
STREET ADDRESS	3115 SWANN AVENUE
CITY- ST- ZIP	TAMPA, FL 33609
TITLE	STD
NAME	HABAL, MUTAZ
STREET ADDRESS	801 W M. L. KING BLVD
CITY- ST- ZIP	TAMPA, FL 33603
TITLE	VD
NAME	FERANDADA, JOSE
STREET ADDRESS	5106 N. ARMENIA AVE #5
CITY- ST- ZIP	TAMPA, FL 33615
TITLE	VD
NAME	AGLIANO, DENNIS S
STREET ADDRESS	4600 N. HABANA AVE #23
CITY- ST- ZIP	TAMPA, FL 33614
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

000000262065
03/14/05-80038-016 70.00

**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)(f), 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 1, 2005 (813) 238-0409

Date

Daytime Phone #