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Mar 05 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # N96000000129 (4)

1. Corporation Name

SOUTH PINELLAS MEDICAL EXECUTIVES ASSOCIATION, I
NC.

Principal Place of Business

Mailing Address

13577 FEATHER SOUND DRIVE
SUITE 300
ST. PETERSBURG FL 34622-5547
US

P.O. BOX 15245
ST. PETERSBURG FL 34622-5547



3. Date Incorporated or Qualified

01/01/1996

4. FEI Number

59-3347603

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. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24 25 29 33733-5215

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MIKOS, CYNTHIA A ESQ.
13577 FEATHER SOUND DRIVE
SUITE 300
CLEARWATER FL 34622-5547

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME WORONER, DESIREE
STREET ADDRESS 2191 9TH AVE. NO., STE. 120
CITY-ST-ZIP ST. PETERSBURG FL ☒ DELETE

1.1 TITLE PD
1.2 NAME FICO, MARY S.
1.3 STREET ADDRESS 1891 CENTER RD., POB 167
1.4 CITY-ST-ZIP TERRA CEIA ISLAND, FL ☒ Change ☐ Addition

TITLE SD
NAME MOORHEAD, SHARON
STREET ADDRESS 500 9TH NO., STE. 200
CITY-ST-ZIP ST. PETERSBURG FL ☒ DELETE

2.1 TITLE SD
2.2 NAME RABIDOUX, MARGARET
2.3 STREET ADDRESS 1111 7th AVE. N. #105
2.4 CITY-ST-ZIP ST. PETERSBURG, FL 33705 ☒ Change ☐ Addition

TITLE TD
NAME DE CROTEAU, REBECCA
STREET ADDRESS 801 6TH ST. SO., DEPT. 7020
CITY-ST-ZIP ST. PETERSBURG FL ☐ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE PPD
NAME WEINBERG, ROB
STREET ADDRESS 4800 4TH ST. N.
CITY-ST-ZIP ST. PETERSBURG FL ☒ DELETE

4.1 TITLE PPD
4.2 NAME DRANE, ANNE
4.3 STREET ADDRESS 12294 INDIAN ROCKS ROAD
4.4 CITY-ST-ZIP LARGO, FL 33774 ☒ Change ☐ Addition

TITLE PD
NAME DRANE, ANNE
STREET ADDRESS 12294 INDIAN ROCKS ROAD
CITY-ST-ZIP LARGO FL 33774 ☒ DELETE

5.1 TITLE VPD
5.2 NAME PILKINGTON, TERRY
5.3 STREET ADDRESS 1000 16th ST. N.
5.4 CITY-ST-ZIP ST. PETERSBURG, FL 33705 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. 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 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:

MARY S. FICO

2/25/98

941-729-4710

CR2E037 (10/97)