

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Apr 08, 1999 8:00 am**  
**Secretary of State**

04-08-1999 90020 020 \*\*\*\*61.25

0053929

<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
---	---	---

**DOCUMENT # N96000000129**

1. Corporation Name

**SOUTH PINELLAS MEDICAL EXECUTIVES ASSOCIATION, INC.**

Principal Place of Business

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

Mailing Address

P.O. BOX 15245  
ST. PETERSBURG FL 33733-5245  
US



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

Country

29

30

Country

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

☐

**\$5.00** May Be Added to Fees

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 ☐ DELETE

NAME ~~PO~~  
FICO, MARY S  
STREET ADDRESS 1891 CENTER RD, POB 167  
CITY-ST-ZIP TERRA CEIA ISLAND FL

1.1 TITLE Past President ☒ Change ☐ Addition

1.2 NAME  
1.3 STREET ADDRESS 666 6th St. S. Suite 215  
1.4 CITY-ST-ZIP St. Petersburg, Fl. 33701

TITLE ☐ DELETE

NAME SD  
RABIDOUX, MARGARET  
STREET ADDRESS 1111 7TH AVE N, #105  
CITY-ST-ZIP ST. PETERSBURG FL 33705

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE ☒ DELETE

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

3.1 TITLE Treasurer ☐ Change ☒ Addition

3.2 NAME Gail Yates  
3.3 STREET ADDRESS 3010 22nd Av. S.  
3.4 CITY-ST-ZIP St. Petersburg, Fl. 33712

TITLE ☒ DELETE

NAME PPD  
ORANGE, ANNE  
STREET ADDRESS 12294 INDIAN ROCKS ROAD  
CITY-ST-ZIP LARGO FL 33774

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME VPD  
PILKINGTON, TERRY  
STREET ADDRESS 1000 16TH ST N  
CITY-ST-ZIP ST PETERSBURG FL 33705

5.1 TITLE President ☒ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME Vice President  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE Vice President ☐ Change ☒ Addition

6.2 NAME Sue Haverty  
6.3 STREET ADDRESS 360 N. Clearwater-Largo Rd.  
6.4 CITY-ST-ZIP Largo, Fl. 33770

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, with all other like empowered.

SIGNATURE:

*Teresa Pilkington* 4/1/99 (727) 822-0729  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)