

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90123 007 ****61.25

DOCUMENT # N96000000129 1. Entity Name SOUTH PINELLAS MEDICAL EXECUTIVES ASSOCIATION, INC.					
Principal Place of Business P.O. BOX ST. PETERSBURG, FL 33733 US			Mailing Address P.O. BOX 15245 ST. PETERSBURG, FL 33733-5245 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State Zip Country			City & State Zip Country		
4. FEI Number 59-3347603				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MIKOS, CYNTHIA A ESQ. 205 N PARSONS AVENUE SUITE A BRANDON, FL 33510			7. Name and Address of New Registered Agent Name <u>Cynthia A Mikos Esq</u> Street Address (P.O. Box Number is Not Acceptable) <u>2018 EAST 4TH AVENUE</u> City <u>TAMPA</u> FL <u>33605-5216</u>		
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 <u>Cynthia A Mikos</u> DATE <u>3/16/04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$81.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PED DRAME, ANNE <input type="checkbox"/> Delete ANONA MED. CTR./12294 INDIAN ROCKS RD. LARGO, FL 33774		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PED <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition RABIDOUX, MARGIE 7201 BND AVE S ST. PETERSBURG, FL 33707	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PPD YATES, GAIL <input type="checkbox"/> Delete 1601 DEVONSHIRE DR N ST PETERSBURG, FL 33710		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition COLBERT, SHARON 2323 9TH AVE N ST. PETERSBURG, FL 33712	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SEVERINO, MERRILEE <input type="checkbox"/> Delete 5800 49 STREET N SAINT PETERSBURG, FL 33709		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition HAUERTY, SUE 12080 SEMINOLE BLVD. LARGO, FL 33778	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DRAME, ANNE <input type="checkbox"/> Delete ANONA MED. CTR./12294 INDIAN ROCKS RD. LARGO, FL 33774		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition FICO, MARY S 401 MANATEE AVE E #B BRADENTON, FL 34208	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COLBERT, SHARON <input type="checkbox"/> Delete 2323 9 AVENUE N SAINT PETERSBURG, FL 33712		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition DRANE, ANNE 12294 INDIAN ROCKS RD LARGO, FL 33774	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. 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 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: <u>Mary S Fico</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <u>3/15/04</u>		Daytime Phone #: <u>941-748-2217</u>