

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 31, 2005 8:00 am**  
**Secretary of State**

01-31-2005 90071 014 \*\*\*150.00

**DOCUMENT # P93000005679**

1. Entity Name  
**PAUL STEVEN COLLINS, M.D., F.A.C.S. P.A.**



Principal Place of Business

**1201 FIFTH AVE. N.  
SUITE 200  
ST. PETERSBURG, FL 33705 US**

Mailing Address

**1201 FIFTH AVE. N.  
SUITE 200  
ST. PETERSBURG, FL 33705 US**

40005073



01202005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3159954**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**COLLINS, PAUL STEVEN  
1201 FIFTH AVENUE NORTH  
SUITE 200  
SAINT PETERSBURG, FL 33705**

**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

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	COLLIN, PAUL STEVEN
STREET ADDRESS	1201 5TH AVE N, STE 200
CITY - ST - ZIP	ST PETERSBURG, FL
TITLE	S
NAME	HART, VANESSA
STREET ADDRESS	1201 5TH AVENUE NORTH, SUITE 200
CITY - ST - ZIP	ST. PETERSBURG, FL 33705
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**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)(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 607, 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

Date

Daytime Phone #

1/25/05 728 821 8101