

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

May 27 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # P93000008790 (6)

1. Corporation Name

~~SAMUEL TARANTINO, M.D., P.A.~~  
~~Verkauf, Bernhisel + Tarantino, M.D.'s, P.A.~~  
(See Name Change Attached)

Principal Place of Business

Mailing Address

3450 E FLETCHER AVE  
280  
TAMPA FL 33613  
US

1268 GRAYBROOKE PLACE  
OLDSMAR FL 34677  
US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/04/1993

4. FEI Number

59-3172722

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

8. This corporation owes or has paid the current year intangible  
Personal Property Tax due June 30.

☒ Yes

☐ No

2. Principal Place of Business

21 2919 Swann Ave

2a. Mailing Address

26 2919 Swann Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 305

27 Suite 305

City & State

City & State

23 Tampa FL

28 Tampa FL

Zip

Country

Zip

Country

24 33609

25 USA

29 33609

30 USA

9. Name and Address of Current Registered Agent

CORPORATION INFORMATION SERVICES INC.  
1201 HAYS ST.  
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name

Barry S. Verkauf

82 Street Address (P.O. Box Number is Not Acceptable)

2919 Swann Ave., Ste 305

83

84 City

Tampa

FL

85 Zip Code

33609

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Barry S. Verkauf, President

(NOTE: Registered agent signature required when reinstating)

DATE

5-18-98

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

D  
NAME  
TARANTINO, SAMUEL  
STREET ADDRESS  
1268 GRAY BROOKE PLACE  
CITY-ST-ZIP  
OLDSMAR FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

DVP

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☒ Addition

DVP

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☒ Addition

DVP

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

CP2E034 (10/97)