

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P93000013176**

1. Corporation Name

MBLS EMERGENCY PHYSICIANS, P.A.

Principal Place of Business

**% 1200 SEVENTH AVENUE NORTH
ST. PETERSBURG FL 33705**

Mailing Address

**3460 FORELOCK ROAD
TARPOON SPRINGS FL 34689
US**

FILED
Jul 29, 1999 8:00 am
Secretary of State

07-29-1999 90021 037 ***550.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/19/1993

4. FEI Number

59-3165802

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

8. This corporation owes the current year
Intangible Personal Property.



Yes ☒ No

9. Name and Address of Current Registered Agent

**MOUNTCASTLE, DANIEL J
1200 SEVENTH AVENUE NORTH
ST. PETERSBURG FL 33705**

10. Name and Address of New Registered Agent

81 Name

R. Michael Smith, M.D.

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

1200 Seventh Avenue North

83

84 City

St. Petersburg,

FL

85 Zip Code

33705

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 **R. Michael Smith, M.D.**
Signature, typed or printed name of registered agent and title if applicable.

R. Michael Smith, M.D.

(NOTE: Registered Agent signature required when reinstating)

July 22, 1999

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE

NAME **BRADLEY, TERESA**
STREET ADDRESS **1200 SEVENTH AVE N**
CITY-ST-ZIP **ST PETERSBURG FL**

TITLE **D** ☒ DELETE

NAME **MOUNTCASTLE, DANIEL J**
STREET ADDRESS **1200 SEVENTH AVE N**
CITY-ST-ZIP **ST PETERSBURG FL**

TITLE **D** ☐ DELETE

NAME **SMITH, MICHAEL**
STREET ADDRESS **1200 SEVENTH AVE N**
CITY-ST-ZIP **ST PETERSBURG 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

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.

SIGNATURE: **R. Michael Smith, M.D.**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

July 22, 1999 (727) 825-1284
Date Daytime Phone #

0107196

CR2E034 (5/99)