

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90268 005 ***150.00

DOCUMENT # P93000026686

1. Corporation Name

MICHAEL L. CASELNOVA, M.D., P.A.



Principal Place of Business

6719 GALL BLVD
STE 106
ZEPHYRHILLS FL 33541
US

Mailing Address

6719 GALL BLVD
STE 106
ZEPHYRHILLS FL 33541
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/01/1993

4. FEI Number

59-3177853

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 the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 6748 GALL BLVD

Suite, Apt. #, etc.

22 SUITE 130

City & State

23

Zip Country

24

25

2a. Mailing Address

26 6748 GALL BLVD

Suite, Apt. #, etc.

27 SUITE 130

City & State

28

Zip Country

29

30

9. Name and Address of Current Registered Agent

JACOBS, RICHARD O
2 CORPORATE DRIVE
SUITE 300
CLEARWATER FL 34622

10. Name and Address of New Registered Agent

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 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME CASELNOVA, MICHAEL L M
STREET ADDRESS 6719 ALL BLVD STE 106
CITY-ST-ZIP ZEPHYRHILLS FL

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS 6748 GALL BLVD. STE. 130

1.4 CITY-ST-ZIP 33541

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 a address, with all other like empowered.

SIGNATURE:

MICHAEL L. CASELNOVA, M.D.

Date

Daytime Phone #

3/2/99 (813) 782-2646

CR2E034 (11/98)