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Apr 30 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P93000040135 (4)

1. Corporation Name

BELMAC HEALTHCARE CORPORATION

Principal Place of Business

4830 W. KENNEDY BLVD., SUITE 550
ONE URBAN CENTRE
TAMPA FL 33609-2517

Mailing Address

4830 W. KENNEDY BLVD., SUITE 550
ONE URBAN CENTRE
TAMPA FL 33609-2562



2. Principal Place of Business

21

Suite, Apt. #, etc.

4830 W. Kennedy Blvd #548

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

Ste 548

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

06/04/1993

3a. Date of Last Report

04/24/1996

4. FEI Number

59-3183925

Applied For

Not Applicable

5. Certificate of Status Desired

K

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes

☒

No

9. Name and Address of Current Registered Agent

PRICE, MICHAEL D
4830 W. KENNEDY BLD.
STE. 550
TAMPA FL 33609

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 of registered agent, and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE

NAME STOTE, ROBERT M M.D.
STREET ADDRESS 4830 W. KENNEDY BLVD., SUITE 550
CITY-ST-ZIP TAMPA FL

TITLE VSTD ☐ DELETE

NAME PRICE, MICHAEL D
STREET ADDRESS 4830 W. KENNEDY BLVD., SUITE 550
CITY-ST-ZIP TAMPA FL

TITLE D ☐ DELETE

NAME KAISER TERESA E
STREET ADDRESS 4830 W KENNEDY BLVD 550
CITY-ST-ZIP TAMPA 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

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 do 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)