

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P94000052362

1. Entity Name
TAMPA BAY PRIMARY CARE, INC.



FILED

04 FEB -2 PM 12:59

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business
5778 5TH AVENUE NORTH
ST. PETERSBURG, FL 33710

Mailing Address
5778 5TH AVENUE NORTH
ST. PETERSBURG, FL 33710



01092004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3389933

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

VARIDIN, MARK
5778-5TH AVE. N.
ST. PETERSBURG, FL 33710

**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 registering)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
VARIDIN, MARK E
5778-5TH AVE. N.
ST. PETERSBURG, FL 33710

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
MATHIAS, THOMAS
6502 PARK BLVD
PINELLAS PARK, FL 34665

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000006957
01/20/04-80004-002 150.00

**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 persons empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Deputy Phone #

1-28-04
927-347 3213