

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000003819 (6)

1. Corporation Name

STEPHEN L. BECHDOLT, M.D. P.A.



Principal Place of Business

6151 N. SUNCOAST BLVD.
SUITE 1B
CRYSTAL RIVER FL 34428

Mailing Address

6151 N. SUNCOAST BLVD.
SUITE 1B
CRYSTAL RIVER FL 34428

3. Date Incorporated or Qualified

01/17/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 6201 N. SUNCOAST BLVD

26 1341 N. CRAUSE PT

4. FEI Number

59-3292963

Applied For

Not Applicable

22 CRYSTAL RIVER, FL.

27 LECANTO, FL.

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

23 34428 U.S.A.

28 34461 U.S.A.

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

24 Zip

Country

29 Zip

Country

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

Yes ☒ No ☐

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BECHDOLT, STEPHEN L
6151 N. SUNCOAST BLVD.
SUITE 1B
CRYSTAL RIVER FL 34428

81 Name

Bechdolt, Stephen L.

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

1341 N. CRAUSE PT.

83

84 City

LECANTO

FL

85 Zip Code

34461

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

Stephen L. Bechdolt

Stephen L. Bechdolt

4-1-96

Signature, typed or printed name of registered agent and if not applicable

(Print) Registered Agent signature required when resigning

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME Stephen L. Bechdolt
STREET ADDRESS 1341 N. CRAUSE PT.
CITY-STATE-ZIP LECANTO, FL. 34461

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Stephen L. Bechdolt

Stephen L. Bechdolt

4-1-96

352-795-8372

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)

96-11-14-96