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Jan 28 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 # P95000015019 (9)

1. Corporation Name

FRANK B. MARSALISI, M.D., P.A.



Principal Place of Business

500 7TH STREET, SOUTH
ST. PETERSBURG FL 33701

Mailing Address

500 7TH STREET, SOUTH
ST. PETERSBURG FL 33701-4519

3. Date Incorporated or Qualified

02/22/1995

3a. Date of Last Report

03/22/1996

2. Principal Place of Business

21 603 7th St. South

Suite Apt # etc

22 Suite 560

City & State

23 St. Petersburg, Florida

Zip

24 33701

Country

25 USA

2a. Mailing Address

26 603 7th St. South

Suite, Apt #, etc.

27 Suite 560

City & State

28 St. Petersburg, Florida

Zip

29 33701

Country

30 USA

4. FEI Number

59-3317297

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

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

CORPORATION INFORMATION SERVICES, INC.
1201 HAYS STREET
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name
FRANK B. Marsalisi M.D. PA

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

603 7th St. South

83 Suite 560

84 City

St. Petersburg

FL

85 Zip Code

33701

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

Frank B. Marsalisi MD - President

1/20/97

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 PSTD
NAME MARSALISI, FRANK B
STREET ADDRESS 500 7TH STREET, SOUTH
CITY-ST-ZIP ST. PETERSBURG FL 33701

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PSTD
1.2 NAME Frank B. Marsalisi
1.3 STREET ADDRESS 603 7th St. South Suite 560
1.4 CITY-ST-ZIP St. Petersburg, Florida 33701

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
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, unchanged, or on an attachment with an address.

SIGNATURE:

FRANK B. MARSALISI MD
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/97

Date

FID
553-7950

Daytime Phone

CR2E034 (9/96)