

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000017869 (5)

1. Corporation Name

PROFESSIONAL CENTRE IX, INC.



Principal Place of Business

4419 BAYSHORE BLVD., NE
ST. PETERSBURG FL 33703

Mailing Address

4419 BAYSHORE BLVD., NE
ST. PETERSBURG FL 33703

3. Date Incorporated or Qualified

03/02/1995

3a. Date of Last Report

2. Principal Place of Business

21 1333 Monterey Blvd NE

2a. Mailing Address

26 P.O. Box 7930

4. FEI Number

59-3318523

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 St. Petersburg FL

City & State

28 St. Petersburg, FL

Zip

24 33704

Country

25 USA

Zip

29 33734

Country

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HARTLEY, TERESA

4419 BAYSHORE BLVD., NE
ST. PETERSBURG FL 33703

81 Name

James Hartley

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

1333 Monterey Blvd NE

83

84 City

St. Petersburg

FL

85 Zip Code

33704

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 D
NAME James Hartley
STREET ADDRESS PO Box 7930
CITY-ST-ZIP St. Pete, FL 33734

☐ DELETE

TITLE D
NAME James Hartley
STREET ADDRESS 1333 Monterey Blvd NE
CITY-ST-ZIP St. Petersburg, FL 33704

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

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

100001840211

-05/28/96--01020--037

***200.00

☐ Change ☐ Addition

☐ Change ☐ Addition

5/1/96
cc

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)