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FILED

Jan 27 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 # P95000053081 (2)

1. Corporation Name

MAX F. RATTES, M.D., P.A.



Principal Place of Business

210 NORTH ALEXANDER STREET  
PLANT CITY FL 33566

Mailing Address

210 NORTH ALEXANDER STREET  
PLANT CITY FL 33566-4302

3. Date Incorporated or Qualified

07/11/1995

3a. Date of Last Report

03/14/1996

2. Principal Place of Business

21 1514 S. ALEXANDER ST.

Suite, Apt. #, etc.

22 SUITE 201

City & State

23 PLANT CITY - FL.

Zip

24 33566

Country

25 U.S.A.

2a. Mailing Address

26 1514 S. ALEXANDER ST.

Suite, Apt. #, etc.

27 SUITE 201

City & State

28 PLANT CITY - FL.

Zip

29 33566

Country

30 U.S.A.

4. FEI Number

59-3323036

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

RATTES, MAX F. M.D.  
210 NORTH ALEXANDER STREET  
PLANT CITY FL 33566

10. Name and Address of New Registered Agent

81 Name

RATTES, MAX F. M.D.

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

1514 S. ALEXANDER ST.

83

SUITE 201

84 City

PLANT CITY

FL

85 Zip Code

33566

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 ☐ DELETE

NAME  
RATTES, MAX F. M.D.  
STREET ADDRESS  
210 NORTH ALEXANDER STREET  
CITY - ST - ZIP  
PLANT CITY FL 33566

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☒ Change ☐ Addition

12 NAME  
RATTES, MAX F. M.D.  
13 STREET ADDRESS  
1514 S. ALEXANDER ST. SUITE 201  
14 CITY - ST - ZIP  
PLANT CITY FL 33566

21 TITLE ☐ Change ☐ Addition

22 NAME  
23 STREET ADDRESS  
24 CITY - ST - ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME  
33 STREET ADDRESS  
34 CITY - ST - ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME  
43 STREET ADDRESS  
44 CITY - ST - ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME  
53 STREET ADDRESS  
54 CITY - ST - ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME  
63 STREET ADDRESS  
64 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 of the recorder 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

JAN 16 97 (813) 752 3456  
Date Daytime Phone

CR2E034 (9/96)