FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED Apr 13 1998 8:00am Secretary of State

DOCUMENT # P95000078518 (4) VAX-D CENTERS OF TAMPA BAY, P.A. Principal Place of Business Mailing Address 131 GARDEN AVENUE NORTH 131 GARDEN AVENUE NORTH CLEARWATER FL 34615 CLEARWATER FL 34615 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/09/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3339593 Not Applicable 21 26 Suite, Apt. #. etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible ☐ Yes ΠNo 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name KNAPMEYER, DONALD C 635 CLEVELAND STREET #C 82 Street Address (P.O. Box Number is Not Acceptable) **CLEARWATER FL 34615** 63 84 City Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1/18, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered och change was authorized by the corporation's board of directors. Hereby accept the appointment as registered the corporation 607.0505, Florida Statules. office or registered agent, or both, in the State of Florida agent. I am familiar with any accept the subjections of negsuarn SIGNATURE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS CR2E034 (10/97 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change Addition TATLE 1.1 TITLE ARGALL, RICK NAME 1.2 NAME 5 BIRDIE LANE STREET ADDRESS 1.3 STREET ADDRESS PALM HARBOR FL 1.4 CITY - ST - 7/P CITY-ST-ZIP DELETE Change 2.1 TITLE Addition TITLE MINKOFF, DAVID 2.2 NAME NAME **404 EDGEWOOD AVENUE** STREET ADDRESS 2.3 STREET ADDRESS CLEARWATER FL CITY-ST-ZIP 2. 4 CHTY-ST-ZIP DELETE Change ☐ Addition 3.1 7/TLE TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Change Addition 4.1 TITLE TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP 4.4 CITY - ST - ZIP DELFTE Change Addition 5.1 TITLE TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 City - \$1 - ZiP CITY-ST-ZIP DELETE Change Addition 6.1 TITLE TITLE 6.2 NAME NAME STREET ADDRESS **6.3 STREET ADDRESS** 6.4 CITY-ST-ZIP CITY-ST-ZIP

14. Thereby 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 if changed, or on an all actingent with an address?

0.041471105

- January Maria

1/1/00