

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000021302

**FILED**  
**Apr 11, 2011**  
**Secretary of State**

**Entity Name:** MATURITY MEDICAL OF PINELLAS, PROFESSIONAL ASSOCIATION

**Current Principal Place of Business:**

502 PASADENA AVE SOUTH  
ST. PETERSBURG, FL 33707

**New Principal Place of Business:**

**Current Mailing Address:**

502 PASADENA AVE S  
ST PETERSBURG, FL 33707

**New Mailing Address:**

FEI Number: 59-3367370

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GASSMAN, ALAN ESQ.  
1245 COURT STREET  
SUITE 102  
CLEARWATER, FL 33756 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: DR.  
Name: WILLIAMS, OSWALD A  
Address: 34149 ST JOE RD  
City-St-Zip: DADE CITY, FL 33525

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: OSWALD WILLIAMS

DR

04/11/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date