

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000038942

1. Corporation Name

MEDICAL VENTURES OF PINELLAS COUNTY, INC.

Principal Place of Business

29656 U.S. HIGHWAY 19 NORTH, SUITE 100
CLEARWATER FL 34621

Mailing Address

29656 U.S. HIGHWAY 19 NORTH, SUITE 100
CLEARWATER FL 34621

FILED
Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90160 032 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/03/1996

4. FEI Number

59-3376165

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 owes the current year Intangible
Personal Property Tax.

Yes No

9. Name and Address of Current Registered Agent

~~MINIERI, CARL~~
29656 U.S. HIGHWAY 19 NORTH, SUITE 100
CLEARWATER FL 34621

10. Name and Address of New Registered Agent

81 Name ~~NICHOLAS G. SIDERIS~~ NICHOLAS G. SIDERIS
82 Street Address (P.O. Box Number is Not Acceptable)
364 36 US HWY 19 NORTH 1305 GARDEN AVE
83 TARPON SPRINGS FL 34689
84 City ~~PALM HARBOR~~ TARPON SPRINGS FL 85 Zip Code 34689

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, as 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

4/27/99

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MINIERI, CARL
29656 U.S. HIGHWAY 19 NORTH, SUITE 100
CLEARWATER FL 34621

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DELETE

TITLE
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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
NICHOLAS G. SIDERIS
PRESIDENT
1305 GARDEN AVE
TARPON SPRINGS FL 34689

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

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

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

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

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
DELETE

14. I 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-27-99

CR2E034 (11/98)