

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000087959

FILED
Jan 16, 2005
Secretary of State

Entity Name: PINELLAS PHYSIATRY ASSOCIATES, P.A.

Current Principal Place of Business:

666 6TH STREET SOUTH
STE 101
ST PETERSBURG, FL 33701 US

New Principal Place of Business:

Current Mailing Address:

666 6TH STREET SOUTH
STE 101
ST PETERSBURG, FL 33701 US

New Mailing Address:

FEI Number: 59-3409081

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PFEIFFER, CYNTHIA J
1485 PRESCOTT AVENUE SOUTH
CLEARWATER, FL 34616 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: WILLIAMS, KAREN L M.D.
Address: 6010 BAHAMA SHORES DRIVE SOUTH
City-St-Zip: ST. PETERSBURG, FL 33705

Title: VD () Delete
Name: REISKIND, MARC
Address: 1216 DARLINGTON OAK CR NE
City-St-Zip: SAINT PETERSBURG, FL 33703

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: MARC REISKIND

VD

01/16/2005

Electronic Signature of Signing Officer or Director

Date