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Jul 07 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000024569 (0)

1. Corporation Name

DAVID I MINKOFF M.D. PA

Principal Place of Business

404 EDGEWOOD AVE.  
CLEARWATER FL 34615

Mailing Address

404 EDGEWOOD AVE.  
CLEARWATER FL 34615

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/19/1997

4. FEI Number

59-3435060

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 or has paid the current year Intangible  
Personal Property Tax due June 30.

☐

Yes

☐

No

2. Principal Place of Business

21 404 EDGEWOOD AVE

Suite, Apt. #, etc.

22

City & State

23 CLEARWATER, FL

Zip

24 33555

Country

25 USA

2a. Mailing Address

26 129 GARDEN AVE, N

Suite, Apt. #, etc.

27

City & State

28 CLEARWATER, FL

Zip

29

33555

Country

30 USA

9. Name and Address of Current Registered Agent

LAKEL, FRANCES R  
715 SWANN AVE.  
TAMPA FL 33606

10. Name and Address of New Registered Agent

81 Name

82 KATHLEEN E. LETTAU

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

84 133 GARDEN AVE, N.

85 City

86 CLEARWATER FL

87 Zip Code

88 33555

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 607.0502, Florida Statutes.

SIGNATURE

Signature of person named as registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4-30-98

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

1 D/I

NAME STREET ADDRESS CITY-ST-ZIP

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE NAME STREET ADDRESS CITY-ST-ZIP

12 NAME STREET ADDRESS CITY-ST-ZIP

13 STREET ADDRESS CITY-ST-ZIP

14 CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

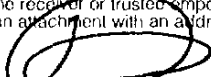
64 CITY-ST-ZIP

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\*\*\*150.00

SIGNATURE



4/30/98

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466 6799

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