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FILED
Feb 04 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000040280 (4)

1. Corporation Name

ADVANCED THERAPIES OF TAMPA BAY, INC.



Principal Place of Business

Mailing Address

10182 64TH WAY N.
PINELLAS PARK FL 33782
180 Patricia Ave.
Dunedin, FL 34698

10182 64TH WAY N.
PINELLAS PARK FL 33782

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/02/1997

4. FEI Number

59-3443779

☒ 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

2a. Mailing Address

21 180 Patricia Ave.

26 180 Patricia Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

23 City & State
Dunedin FL

28 City & State
Dunedin FL

Zip

Zip

Country

Country

24 34698

29 34698

Pin.

Pin.

9. Name and Address of Current Registered Agent

PEDERSEN, CHRISTIAN W JR
10182 64TH WAY N.
PINELLAS PARK FL 33782

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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 607.0505, Florida Statutes.

SIGNATURE

[Signature] President

1/27/98

Signature, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME PEDERSEN, CHRISTIAN W JR
STREET ADDRESS 10182 64TH WAY N.
CITY-ST-ZIP PINELLAS PARK FL 33782

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P
1.2 NAME Christian W. Pedersen, Jr.
1.3 STREET ADDRESS 180 Patricia Ave
1.4 CITY-ST-ZIP Dunedin FL 34698

2.1 TITLE V
2.2 NAME ALMA, I. SERRANO
2.3 STREET ADDRESS 180 Patricia Ave.
2.4 CITY-ST-ZIP Dunedin FL 34698

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

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

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

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

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.

SIGNATURE:

[Signature] Pres.

1/27/98

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CR2E034 (10/97)