

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

FILED
Apr 08, 1999 8:00 am
Secretary of State

04-08-1999 90107 002 ***150.00

DOCUMENT # P98000006291

1. Corporation Name

ST. AUGUSTINE ADULT AND PEDIATRIC MEDICINE, P.A.

Principal Place of Business

~~827 SOUTH PONCE DE LEON BLVD.~~
~~ST. AUGUSTINE FL 32086~~
2535 US1 South, Suite C
St. Augustine FL 32086

Mailing Address

~~827 SOUTH PONCE DE LEON BLVD.~~
~~ST. AUGUSTINE FL 32086~~
P.O. Box 860038
St. Augustine FL 32086

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/21/1998

4. FEI Number

X 59-3488848

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

2. Principal Place of Business

21 2535 US1 South

Suite, Apt. #, etc.

22 Suite C

City & State

23 St. Augustine FL

Zip

24 32086

Country

25 USA

2a. Mailing Address

26 P.O. Box 860038

Suite, Apt. #, etc.

27

City & State

28 St. Augustine FL

Zip

29 32086

Country

30 USA

9. Name and Address of Current Registered Agent

TRAYNOR, JOHN M
28 CORDOVA STREET
ST. AUGUSTINE FL 32084

10. Name and Address of New Registered Agent

81 Name Vandana Y. Bhide, MD

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

2535 US1 South

83 Suite C

84 City St. Augustine

FL

85 Zip Code 32086

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

Vandana Y. Bhide

Vandana Y. Bhide MD, President

3/29/99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PSTD ☐ DELETE
NAME BHIDE, VANDANA Y M.D.
STREET ADDRESS 827 SOUTH PONCE DE LEON BLVD.
CITY-ST-ZIP ST. AUGUSTINE FL 32086

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 2535 US1 South, Suite C
1.4 CITY-ST-ZIP St. Augustine FL 32086

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

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

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

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

6.1 TITLE ☐ Change ☐ Addition
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, with all other like empowered.

SIGNATURE:

X Vandana Y. Bhide

3/29/99

(904) 794-7337

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

001778