

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

AUTOMATIC EXTENSION
APPLIED FOR COPY ATTACHED

FILED

Apr 16, 2007 08:00 A
Secretary of State

DOCUMENT # P98000064303



1. Entity Name
KATZ MEDICAL ASSOCIATES, P.A.

Principal Place of Business
**6600 34TH AVENUE NORTH
ST. PETERSBURG, FL 33710**

Mailing Address
**6600 34TH AVENUE NORTH
ST. PETERSBURG, FL 33710**



03272007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3524239

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**KATZ, GARY
6600 34TH AVENUE NORTH
SAINT PETERSBURG, FL 33710**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**P
KATZ, GARY
6600 34TH AVE NORTH
SAINT PETERSBURG, FL 33710**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**ST
KATZ, ROBIN
6600 34TH AVE NORTH
SAINT PETERSBURG, FL 33710**

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

U000000711382
04/26/07-80005-001 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

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

4-10-07

Date

377343774A

Daytime Phone #