


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 02, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P98000090158**  
 1. Entity Name  
**ST. MARY'S FAMILY PRACTICE CENTER, P.A.**



Principal Place of Business 1152 62ND AVENUE SOUTH ST. PETERSBURG, FL 33705 US	Mailing Address 1152 62ND AVENUE SOUTH ST. PETERSBURG, FL 33705 US
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**DO NOT WRITE IN THIS SPACE**



04292008 No Chg-P CR2B034 (11/05)

4. FEI Number <b>58-3534929</b>	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  
**SERAG, SHERIF MINA MD**  
**1152 62ND AVENUE SOUTH**  
**ST. PETERSBURG, FL 33705**

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

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

U00000945030  
 05/29/08-90124-002 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SERAG, SHERIF M 1152 62ND AVE SOUTH ST PETERSBURG, FL 33705
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**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 807, 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: *M. Serag* 4/1/08 (727) 637-5342  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED OFFICER OR DIRECTOR Date Daytime Phone #