

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

55 JUN 10 11 0 17

DOCUMENT # **S35847** (0)

1. Corporation Name

ANNA MARIA SCOPPETTA, M.D.M P.A.

Principal Place of Business

Mailing Address

326 BELCHER ROAD NORTH
SUITE C
CLEARWATER FL 34625

326 BELCHER ROAD NORTH
SUITE C
CLEARWATER FL 34625

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/04/1991

3a. Date of Last Report

05/31/1994

4. FEI Number

59-3054397

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

5. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes Yes No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc

Suite, Apt. #, etc

City & State

City & State

24

25

County

29

30

County

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HARLAN, BRUCE M.
326 BELCHER ROAD NORTH
CLEARWATER FL 34625

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

(NOTE: Registered Agent signature required after registration)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE: PS
NAME: SCOPPETTA, ANNA MARIA
STREET ADDRESS: 326 BELCHER ROAD
CITY, ST, ZIP: CLEARWATER FL

11 TITLE Change Addition

12 NAME

13 STREET ADDRESS

14 CITY, ST, ZIP

TITLE:
NAME:
STREET ADDRESS:
CITY, ST, ZIP:

21 TITLE Change Addition

22 NAME

23 STREET ADDRESS

24 CITY, ST, ZIP

TITLE:
NAME:
STREET ADDRESS:
CITY, ST, ZIP:

31 TITLE Change Addition

32 NAME

33 STREET ADDRESS

34 CITY, ST, ZIP

TITLE:
NAME:
STREET ADDRESS:
CITY, ST, ZIP:

41 TITLE Change Addition

42 NAME

43 STREET ADDRESS

44 CITY, ST, ZIP

TITLE:
NAME:
STREET ADDRESS:
CITY, ST, ZIP:

51 TITLE Change Addition

52 NAME

53 STREET ADDRESS

54 CITY, ST, ZIP

TITLE:
NAME:
STREET ADDRESS:
CITY, ST, ZIP:

61 TITLE Change Addition

62 NAME

63 STREET ADDRESS

64 CITY, ST, ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Anna Scoppetta M.D. P.A. May 27, 95
President

Signature Required