

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **V42916** (9)

1. Corporation Name

MARY L. STEDMAN, M.D., P.A.



Principal Place of Business

1509 W. SWANN AVE.  
SUITE 225  
TAMPA FL 33606  
US

Mailing Address

1509 W. SWANN AVE.  
SUITE 225  
TAMPA FL 33606  
US

3. Date Incorporated or Qualified  
**06/10/1992**

3a. Date of Last Report  
**05/31/1995**

4. FEI Number

**65-0361342**

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc **255**

26 Suite, Apt. #, etc **255**

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29

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 has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

FAGGIANELLI, NANCY J.  
ONE HARBOUR PLACE  
SUITE 500  
TAMPA FL 33602

11. Name

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

13.

14. 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 when reinstating)

DATE

**3/1/96**

12. OFFICERS AND DIRECTORS

1. TITLE **D**  
2. NAME **STEDMAN, MARY L.**  
3. STREET ADDRESS **714 S. BREVARD AVE.**  
4. CITY, ST, ZIP **TAMPA FL 33606**

☐ DELETE

5. TITLE  
6. NAME  
7. STREET ADDRESS  
8. CITY, ST, ZIP

☐ DELETE

9. TITLE  
10. NAME  
11. STREET ADDRESS  
12. CITY, ST, ZIP

☐ DELETE

13. TITLE  
14. NAME  
15. STREET ADDRESS  
16. CITY, ST, ZIP

☐ DELETE

17. TITLE  
18. NAME  
19. STREET ADDRESS  
20. CITY, ST, ZIP

☐ DELETE

21. TITLE  
22. NAME  
23. STREET ADDRESS  
24. CITY, ST, ZIP

☐ DELETE

25. TITLE  
26. NAME  
27. STREET ADDRESS  
28. CITY, ST, ZIP

☐ DELETE

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**3/1/96 813 251 0044**

CR2E034 (12/95)