

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 604772

**Entity Name:** BABAT, KATZ & SAMUELSON, M.D.'S, P.A.

**Current Principal Place of Business:**

2150 49TH STREET NORTH  
SUITE F  
ST. PETERSBURG, FL 33710

**Current Mailing Address:**

2150 49TH STREET NORTH  
SUITE F  
ST. PETERSBURG, FL 33710

**FEI Number:** 59-1476873

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

BABAT, CHESTER, C., M.D.  
2150 49TH STREET NORTH  
SUITE F  
ST. PETERSBURG, FL 33710 US

*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.*

**SIGNATURE:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PD  
Name SAMUELSON, DAVID  
Address 825 18TH AVE NE  
City-State-Zip: ST. PETERSBURG FL

Title SEC  
Name KATZ, ALLAN  
Address 131 CORDOVA BLVD NE  
City-State-Zip: SAINT PETERSBURG FL 33704

Title VP  
Name HANNA, NASR  
Address 6449 38 AVE N C4  
City-State-Zip: SAINT PETERSBURG FL 33710

Title TRS  
Name PEVARSKI, DENNIS  
Address 6449 38 AVE N C4  
City-State-Zip: SAINT PETERSBURG FL 33710

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** CHESTER C BABAT, MD

**OFFICER**

**04/30/2013**

Electronic Signature of Signing Officer/Director Detail

Date