

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 # 573432 (2)

1. Corporation Name

GULF COAST ONCOLOGY ASSOCIATES, RALPH E. JOHNSON,
M.D., P.A.



Principal Place of Business

4830 OSPREY DRIVE S.
401
ST. PETERSBURG FL 33711
US

Mailing Address

PO BOX 3242
ST. PETERSBURG FL 33731
US

3. Date Incorporated or Qualified
05/11/1978

3a. Date of Last Report
01/26/1995

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

25

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

30

Country

4. FEI Number
59-1823584

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JOHNSON, RALPH E., M.D.
701 6TH STREET SOUTH
ST PETERSBURG FL

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 607.1506, 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 obligation of, Section 607.0505, Florida Statutes.

SIGNATURE

Ralph E. Johnson MD.

2-15-96

DATE

12. OFFICERS AND DIRECTORS

12.1 TITLE ☐ DELETE

NAME
JOHNSON, RALPH
STREET ADDRESS
4830 OSPREY DRIVE S.
CITY-ST-ZIP
ST. PETERSBURG FL

12.2 TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

12.3 TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

12.4 TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

12.5 TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

12.6 TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE ☐ Change ☐ Addition

13.2 NAME

13.3 STREET ADDRESS

13.4 CITY-ST-ZIP

13.5 TITLE ☐ Change ☐ Addition

13.6 NAME

13.7 STREET ADDRESS

13.8 CITY-ST-ZIP

13.9 TITLE ☐ Change ☐ Addition

13.10 NAME

13.11 STREET ADDRESS

13.12 CITY-ST-ZIP

13.13 TITLE ☐ Change ☐ Addition

13.14 NAME

13.15 STREET ADDRESS

13.16 CITY-ST-ZIP

13.17 TITLE ☐ Change ☐ Addition

13.18 NAME

13.19 STREET ADDRESS

13.20 CITY-ST-ZIP

13.21 TITLE ☐ Change ☐ Addition

13.22 NAME

13.23 STREET ADDRESS

13.24 CITY-ST-ZIP

13.25 TITLE ☐ Change ☐ Addition

13.26 NAME

13.27 STREET ADDRESS

13.28 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)(k), 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:

Ralph E. Johnson MD.
RALPH E. JOHNSON MD.

2-15-96

813-864-9134

Date

Daytime Phone

CR2E034 (12/95)