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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **601540** **(8)**

1. Corporation Name

YORK, CROWELL & ROOT, M.D.'S, P.A.

Principal Place of Business	Mailing Address
1209 SWANN AVENUE TAMPA FL 33606	1209 SWANN AVENUE TAMPA FL 33606

3. Date Incorporated or Qualified: **10/13/1969**
3a. Date of Last Report: **02/24/1995**

4. FEI Number: **59-1288627** ☐ 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

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc 22	Suite, Apt. #, etc 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

ROOT, MALCOLM
~~CROWELL, BRUCE M.~~
1209 SWANN AVE
TAMPA FL 33606

10. Name and Address of New Registered Agent

81 Name: ROOT, MALCOLM
82 Street Address (P.O. Box Number is Not Acceptable)
83: SAME
84 City: **FL** 85 Zip Code:

11. Pursuant to the provisions of Sections 607.0505 and 607.1505, 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: Malcolm Root MALCOLM ROOT M.D. DATE: 1-17-96

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '97	
TITLE	RD	☐ DELETE	11 TITLE	☐ Change ☐ Addition
NAME	CROWELL, BURCE M.M		12 NAME	
STREET ADDRESS	582X MARINER DRIVE		13 STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 33600		14 CITY ST ZIP	
TITLE	~~VPST~~ PD	☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME	ROOT, MALCOLM M.D.		22 NAME	
STREET ADDRESS	3609 SAN PEDRO		23 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL		24 CITY ST ZIP	
TITLE		☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME			32 NAME	
STREET ADDRESS			33 STREET ADDRESS	
CITY-ST-ZIP			34 CITY ST ZIP	
TITLE		☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME			42 NAME	
STREET ADDRESS			43 STREET ADDRESS	
CITY-ST-ZIP			44 CITY ST ZIP	
TITLE		☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME			52 NAME	
STREET ADDRESS			53 STREET ADDRESS	
CITY-ST-ZIP			54 CITY ST ZIP	
TITLE		☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME			62 NAME	
STREET ADDRESS			63 STREET ADDRESS	
CITY-ST-ZIP			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)(i), Florida Statutes. I further certify that the information indicated on this 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 added to the report with an address.

SIGNATURE: Malcolm Root MALCOLM ROOT M.D 1-18-96 (813)253-3007
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)