

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **F49670** (5)

1. Corporation Name

INDEPENDENT MEDICAL ASSOCIATES, INC.



Principal Place of Business

**2860 23RD AVENUE NORTH
ST PETERSBURG FL 33713**

Mailing Address

**2860 23RD AVENUE NORTH
ST PETERSBURG FL 33713**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
10/14/1981

3a. Date of Last Report
04/27/1995

4. FEI Number

59-2133638

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

10. Name and Address of New Registered Agent

**MANTZ, RUSSELL
2860 23RD AVENUE NORTH
ST PETERSBURG FLORIDA 33713**

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 607.0602 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 607.0605, Florida Statutes.

SIGNATURE

Signature of person who is authorized to sign this report

Signature of person who is authorized to sign this report

Date

12. OFFICERS AND DIRECTORS

TITLE	SVP	☐ DELETE
NAME	MANTZ, JEANNE	
STREET ADDRESS	2860 23RD AVE NORTH	
CITY-STATE-ZIP	ST PETERSBURG, FL 00000	
TITLE	PT	☐ DELETE
NAME	MANTZ, RUSSELL	
STREET ADDRESS	2860 23RD AVE NORTH	
CITY-STATE-ZIP	ST PETERSBURG, FL 00000	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		☐ Change ☐ Addition
1. TITLE		
2. NAME		
3. STREET ADDRESS		
4. CITY-STATE-ZIP		
5. TITLE		☐ Change ☐ Addition
6. NAME		
7. STREET ADDRESS		
8. CITY-STATE-ZIP		
9. TITLE		☐ Change ☐ Addition
10. NAME		
11. STREET ADDRESS		
12. CITY-STATE-ZIP		
13. TITLE		☐ Change ☐ Addition
14. NAME		
15. STREET ADDRESS		
16. CITY-STATE-ZIP		
17. TITLE		☐ Change ☐ Addition
18. NAME		
19. STREET ADDRESS		
20. CITY-STATE-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)(d), 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 exercise this report as required by Chapter 607, Florida Statutes, and that my name appears in Book 12 or Book 22 if changed, or on an attachment with an address.

SIGNATURE:

Jeanne Mantz Jeanne Mantz, V.P.

3/20/96

813-323-3600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone #

CR2E034 (12/95)