

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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Mar 02 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # **F49670** (5)
1. Corporation Name
INDEPENDENT MEDICAL ASSOCIATES, INC.

Principal Place of Business Mailing Address
2880 23RD AVENUE NORTH **2880 23RD AVENUE NORTH**
ST PETERSBURG FL 33713 **ST PETERSBURG FL 33713**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date incorporated or Qualified 10/14/1981	
21 Suite, Apt #, etc	26 Suite, Apt #, etc.	4. FEI Number 59-2133638		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
24 Country	29 Country	30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
MANTZ, RUSSELL 2880 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 607.0502 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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VPST	1.1 TITLE	☒ Change ☐ Addition
NAME	MANTZ, JEANNE	1.2 NAME	
STREET ADDRESS	2880 23RD AVE NORTH	1.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG, FL 00000	1.4 CITY-ST-ZIP	St. Petersburg, FL 33713-4211
TITLE	CEO	2.1 TITLE	☒ Change ☐ Addition
NAME	MANTZ, RUSSELL	2.2 NAME	
STREET ADDRESS	2880 23RD AVE NORTH	2.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG, FL 00000	2.4 CITY-ST-ZIP	St. Petersburg, FL 33713-4211
TITLE	P	3.1 TITLE	☒ Change ☐ Addition
NAME	BOZOSI, JOSEPH	3.2 NAME	
STREET ADDRESS	2880 23RD AVE N	3.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL	3.4 CITY-ST-ZIP	St. Petersburg, FL 33713-4211
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Jeannemantz Jeannemantz UP 2/25/98 813-323-3600

CR2E034 (10/97)