

**ANNUAL REPORT
1995**

Division of Corporations
Secretary of State

DOCUMENT # H52006

(4)

1. Corporation Name

ASSOCIATES IN GASTROENTEROLOGY, BARBARA A. BACHMAN, M.D., P.A.

95 APR -4 PM 12:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

700001448767
-04/06/95--01015--017
****200.00 ****200.00

DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
4800 N. HABANA AVE. SUITE 202 TAMPA FL 33614 US	501 E. KENNEDY BLVD. STE. 1700 TAMPA FL 33602

3. Date Incorporated or Qualified 04/09/1985	3a. Date of Last Report 04/29/1994
4. FEI Number 59-2684823	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 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country

9. Name and Address of Current Registered Agent

**HUMPHRIES, J. BOB, ESQUIRE
501 EAST KENNEDY BLVD-STE 1700
P.O. BOX 1438
TAMPA FL 33602**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PST	1.1 TITLE	☐ Change ☐ Addition
NAME	BACHMAN, BARBARA ANN	1.2 NAME	
STREET ADDRESS	4800 N. HABANA AVE., #202	1.3 STREET ADDRESS	
CITY - ST - ZIP	TAMPA FL	1.4 CITY - ST - ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	BACHMAN, BARBARA, ANN	2.2 NAME	
STREET ADDRESS	4800 N. HABANA AVE., #202	2.3 STREET ADDRESS	
CITY - ST - ZIP	TAMPA FL	2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
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 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(1)(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 receive 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: *Barbara A. Bachman, M.D.*
Barbara A. Bachman, M.D., President

3/28/95

(813) 874-1422

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone #