

**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 # **P92000012357 (9)**

1. Corporation Name:  
**FLORIDA MEDICAL CLINIC, P.A.**



Principal Place of Business: **38135 MARKET SOAURE ZEPHYRHILLS FL 33540 US**  
Mailing Address: **38135 NMARKET SQUARE ZEPHYRHILLS FL 33540 US**

3. Date Incorporated or Qualified: **12/16/1992** 3a. Date of Last Report: **05/01/1995**  
4. FEI Number: **59-3156212** 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: 21, 22, 23, 24  
2a. Mailing Address: 26, 27, 28, 29, 30  
Suite, Apt. #, etc.:  
City & State:  
Zip Country

g. Name and Address of Current Registered Agent  
**MARQUARDT, EMIL C JR.  
400 CLEVELAND ST.  
SUITE 800  
CLEARWATER FL 34615**

10. Name and Address of New Registered Agent  
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 607.0503, Florida Statutes.

SIGNATURE: Signature, typed or printed name of registered agent. (Typed or printed name of registered agent is required when registering.)

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	<b>EISNER, MARK S M.D.</b>	
STREET ADDRESS	<b>38035 MEDICAL CENTER AVE.</b>	
CITY - ST - ZIP	<b>ZEPHYRHILLS FL 33540</b>	
TITLE	D	<input type="checkbox"/> DELETE
NAME	<b>HUGHES, PAUL E M.D.</b>	
STREET ADDRESS	<b>6719 GALL BLVD., SUITE 208</b>	
CITY - ST - ZIP	<b>ZEPHYRHILLS FL 33541</b>	
TITLE	D	<input type="checkbox"/> DELETE
NAME	<b>KHAN, WALI U M.D.</b>	
STREET ADDRESS	<b>1570 FORT KING RD., SUITE 101</b>	
CITY - ST - ZIP	<b>DADE CITY FL 33525</b>	
TITLE	D	<input type="checkbox"/> DELETE
NAME	<b>SARAIYA, CHANDRESH S M.D.</b>	
STREET ADDRESS	<b>510 E. CHURCH AVE.</b>	
CITY - ST - ZIP	<b>DADE CITY FL 33525</b>	
TITLE	D	<input type="checkbox"/> DELETE
NAME	<b>SIKES, DAVID H M.D.</b>	
STREET ADDRESS	<b>38035 MEDICAL CENTER AVE.</b>	
CITY - ST - ZIP	<b>ZEPHYRHILLS FL 33540</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	<b>500001843905</b>
53 STREET ADDRESS	<b>-05/30/96--01016--039</b>
54 CITY - ST - ZIP	<b>***400.00</b>
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
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)(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: *[Signature]* CEO  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **4/29/96** 813-700-8774  
Digitize Frame #

CR2E034 (12/95)