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FILED
May 15 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P94000072029 (9)

1. Corporation Name

SOUTH PINELLAS AFFILIATED PHYSICIANS, INC.



Principal Place of Business

716 NINTH STREET NORTH
ST. PETERSBURG FL 33705
US

Mailing Address

P.O. BOX 33032
ST. PETERSBURG FL 33733-8032
US

3. Date Incorporated or Qualified

09/26/1994

3a. Date of Last Report

05/01/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

4. FEI Number

59-3289455

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

9. Name and Address of Current Registered Agent

BAILEY, DAVID
1099 5TH AVENUE NORTH
ST. PETERSBURG FL 33705

10. Name and Address of New Registered Agent

81 Name ANN L. Schamp
82 Street Address (P.O. Box Number is Not Acceptable)
716 Ninth Street North
83
84 City St. Petersburg FL 85 Zip Code 33705

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 ANN L. Schamp, Executive Director Ann L. Schamp 4.28.97
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent's signature required when re-registering) DATE

12. OFFICERS AND DIRECTORS

TITLE D ☒ DELETE
NAME BAILEY, DAVID
STREET ADDRESS 1099 5TH AVE. NORTH
CITY-ST-ZIP ST. PETERSBURG FL 33705

TITLE D ☒ DELETE
NAME ROHR, MICHAEL
STREET ADDRESS 601 SEVENTH STREET SOUTH
CITY-ST-ZIP ST. PETERSBURG FL

TITLE S ☐ DELETE
NAME SCHAMP, ANN R
STREET ADDRESS 716 9TH STREET NORTH
CITY-ST-ZIP ST. PETERSBURG FL

TITLE D ☐ DELETE
NAME DENNY, KEVIN M
STREET ADDRESS 1099 5TH AVENUE NORTH
CITY-ST-ZIP ST. PETERSBURG FL

TITLE D ☐ DELETE
NAME SEDER, HAROLD M
STREET ADDRESS 601 7TH STREET SOUTH
CITY-ST-ZIP ST. PETERSBURG FL

TITLE D ☐ DELETE
NAME PRAYER, JOEL M
STREET ADDRESS 5101 BRITTANY DRIVE SOUTH
CITY-ST-ZIP ST. PETERSBURG FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Director ☐ Change ☒ Addition
1.2 NAME Dr. Kevin W. H
1.3 STREET ADDRESS 6350 Central Ave
1.4 CITY-ST-ZIP St. Pete. FL 33707

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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: ANN L. Schamp 4.28.97 813-8928730

CR2E034 (9/96)