

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 # P95000026440 (4)

1. Corporation Name

SEVEN SPRINGS MEDICAL CENTER, P.A.



Principal Place of Business

Mailing Address

8056 STATE ROAD 54
NEW PORT RICHEY FL 34653

8056 STATE ROAD 54
NEW PORT RICHEY FL 34653

6329

6329

3. Date Incorporated or Qualified
03/30/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 6329 State Rd 54
State, Apt. #, etc.

26 6329 State Rd 54
State, Apt. #, etc.

4. FEI Number

59-3316191

Applied For
Not Applicable

22

City & State

NPR FL

27

City & State

NPR FL

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

23

Zip

34653

Country

28

Zip

34653

Country

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

24

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DHALIWAL, GUNWANT S

8056 STATE ROAD 54
NEW PORT RICHEY FL 34653

6329

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 and filer (if applicable)

GUNWANT S. DHALIWAL

1.2.6.96

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME: DHALIWAL, GUNWANT S
STREET ADDRESS: 6035 SEA RANCH DRIVE, APT. 415
CITY-ST-ZIP: HUDSON FL 34667

1.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME:
STREET ADDRESS:
CITY-ST-ZIP:

1.2 NAME ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME:
STREET ADDRESS:
CITY-ST-ZIP:

1.3 STREET ADDRESS ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME:
STREET ADDRESS:
CITY-ST-ZIP:

1.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME:
STREET ADDRESS:
CITY-ST-ZIP:

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME:
STREET ADDRESS:
CITY-ST-ZIP:

2.2 NAME ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME:
STREET ADDRESS:
CITY-ST-ZIP:

2.3 STREET ADDRESS ☐ Change ☐ Addition

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GUNWANT S. DHALIWAL

813-844-5555

Date 1/26/96

Daytime Phone #

CR2E034 (12/95)