

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**APPROVED AND FILED**

**95 APR 26 PM 1:37**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**CORPORATION ANNUAL REPORT 1995**



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

**DOCUMENT # V08547 (4)**

1. Corporation Name  
**FLORMED OF TAMPA, INC.**

Principal Place of Business      Mailing Address

**4401 WEST KENNEDY BLVD.  
SUITE 100  
TAMPA FL 33609**

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SUITE 100  
TAMPA FL 33609**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business      2a. Mailing Address

**21**      **26** **P.O. Box 18301**

Suite, Apt. #, etc.      Suite, Apt. #, etc.

**22**      **27**

City & State      City & State

**23**      **28** **TAMPA, FL**

Zip      Country      Zip      Country

**24**      **25**      **29** **33679**      **30** **HILLSBOROUGH**

3. Date Incorporated or Qualified      3a. Date of Last Report

**01/21/1992**      **03/08/1994**

4. FEI Number      Applied For

**59-3100515**       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

**SULLIVAN, C. A.  
311 S. MISSOURI AVE.  
CLEARWATER FL 34616**

10. Name and Address of New Registered Agent

**81** Name

**82** Street Address (P.O. Box Number is Not Acceptable)

**83**

**84** City      **85** Zip Code

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	DP
NAME	BYRD, ANDREA
STREET ADDRESS	4401 W.KENNEDY BLVD.
CITY - ST - ZIP	TAMPA FL
TITLE	T
NAME	FURLONG, RICHARD ALAN
STREET ADDRESS	4401 W.KENNEDY BLVD.
CITY - ST - ZIP	TAMPA FL
TITLE	DSV
NAME	FURLONG, RICHARD ALAN
STREET ADDRESS	4401 W.KENNEDY BLVD.
CITY - ST - ZIP	TAMPA FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information disclosed in 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 its 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 addition with an addition.

SIGNATURE: Richard Alan Furlong      4/17/95      813-287-9999

NAME AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #