

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 AM 2:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V17851 (9)

1. Corporation Name

HARBORSIDE INTERNAL MEDICINE, P.A.

Principal Place of Business

~~71 EAST MARION AVENUE~~
SUITE 200
PUNTA GORDA FL 33950

Mailing Address

~~71 EAST MARION AVENUE~~
SUITE 200
PUNTA GORDA FL 33950

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

04/01/1992

3a. Date of Last Report

05/01/1994

2. Principal Place of Business

21 **610 S. OLYMPIA AVE**

2a. Mailing Address

26 **610 S. OLYMPIA AVE**

4. FEI Number

59-3110731

Applied For

Not Applicable

Suite, Apt. #, etc

22 **Suite 200**

Suite, Apt. #, etc

27 **Suite 200**

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

City & State

23 **Punta Gorda, Fl.**

City & State

28 **Punta Gorda Fl.**

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

Zip

24 **33950**

Country

25 **USA**

Zip

29 **33950**

Country

30 **USA**

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

9. Name and Address of Current Registered Agent

JANZ, TIMOTHY A
713 E MARION AVE SUITE 200
SUITE B
PUNTA GORDA FL 33950

10. Name and Address of New Registered Agent

81 Name

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

610 S. OLYMPIA AVE SUITE 200

83

84 City

Punta Gorda

FL

85 Zip Code

33950

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 re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE **DPVS**
NAME **JANZ, TIMOTHY A**
STREET ADDRESS **713 E MARION AVE #200**
CITY - ST - ZIP **PUNTA GO**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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CITY - ST - ZIP

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 Change Addition
1.2 NAME
1.3 STREET ADDRESS **610 S. OLYMPIA AVE #200**
1.4 CITY - ST - ZIP **Punta Gorda, Fl. 33950**

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 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 member 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(Typed Name)

Timothy A. Janz DPVS 4/30/95 (941)637-1119