FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

TALLAHASSEE, FLORIDA

DOCUMENT # 193984 (2)

1. Corporation Name

SUNCOAST MEDICAL CLINIC, P.A.

Principal Place of Business

700 SIXTH STREET SO.
ST. PETERSBURG FL 33701

Mailing Address

700 SIXTH STREET SO.
ST. PETERSBURG FL 33701

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/20/1956

3a. Date of Last Report: 04/28/1994

4. FEI Number: 59-0784727 — 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 [X] No

2. Principal Place of Business

21: 601 SEVENTH ST. SO
22: (Suite, Apt. #, etc.)
23: (City & State) ST. PETERSBURG, FL
24: (Zip) 33701
25: (Country) USA

2a. Mailing Address

26: 601 SEVENTH ST. SO.
27: (Suite, Apt. #, etc.)
28: (City & State) ST. PETERSBURG, FL
29: (Zip) 33701
30: (Country) USA

9. Name and Address of Current Registered Agent

ROHR, MICHAEL R.
700 6TH STREET SOUTH
ST PETERSBURG FL 33701

10. Name and Address of New Registered Agent

81 Name: ROHR, MICHAEL R.
82 Street Address (P.O. Box Number is Not Acceptable): 601 SEVENTH STREET SOUTH
83
84 City: ST. PETERSBURG FL
85 Zip Code: 33701

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
TITLE	C	TITLE	C	XX Change [ ] Addition
NAME	GORDON, MARK R	NAME	GORDON, MARK R.	
STREET ADDRESS	700 6TH ST SO	STREET ADDRESS	601 SEVENTH STREET SO	
CITY-ST-ZIP	ST PETERSBURG FL	CITY-ST-ZIP	ST. PETERSBURG, FL 33701	
TITLE	T	TITLE	T	XX Change [ ] Addition
NAME	DRESDNER, DAVID M	NAME	DRESDNER, DAVID M.	
STREET ADDRESS	700 6TH ST SO	STREET ADDRESS	601 SEVENTH STREET SO	
CITY-ST-ZIP	ST PETERSBURG FL	CITY-ST-ZIP	ST. PETERSBURG, FL 33701	
TITLE	S	TITLE	S	XX Change [ ] Addition
NAME	MCLAUGHLIN, T E	NAME	MCLAUGHLIN, T. ELAINE	
STREET ADDRESS	700 6TH ST SO	STREET ADDRESS	601 SEVENTH STREET SO.	
CITY-ST-ZIP	ST PETERSBURG FL	CITY-ST-ZIP	ST. PETERSBURG, FL 33701	
TITLE	P	TITLE	P	XX Change [ ] Addition
NAME	COHEN, STEVEN R	NAME	COHEN, STEVEN R.	
STREET ADDRESS	700 6TH ST SO	STREET ADDRESS	601 SEVENTH STREET SO	
CITY-ST-ZIP	ST PETERSBURG FL	CITY-ST-ZIP	ST. PETERSBURG, FL 33701	
TITLE	VP	TITLE	VP	XX Change [ ] Addition
NAME	KOZLOV, NICHOLAS A	NAME	KOZLOV, NICHOLAS A.	
STREET ADDRESS	700 6 ST SO	STREET ADDRESS	601 SEVENTH STREET SO	
CITY-ST-ZIP	ST PETERSBURG FL	CITY-ST-ZIP	ST. PETERSBURG, FL 33701	
TITLE		TITLE		[ ] Change [ ] Addition
NAME		NAME		
STREET ADDRESS		STREET ADDRESS		
CITY-ST-ZIP		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)(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: David Dresdner
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
DAVID M. DRESDNER, M.D.

4-28-95 (813) 894-1818

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