

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

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 MAR -8 PM 2: 03

DOCUMENT # **454186** (8)

1. Corporation Name

**FRANKLIN, FAVATA & HULLS, M.D.'S, P.A.**

Principal Place of Business

Mailing Address

3100 E FLETCHER AVE  
P O BOX 17211  
TAMPA FL 33682

3100 E FLETCHER AVE  
P O BOX 17211  
TAMPA FL 33682

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **07/01/1974** 3a. Date of Last Report **03/31/1994**

4. FEI Number **59-1532055** 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

21. Principal Place of Business		26. Mailing Address	
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.	
23. City & State		28. City & State	
24. Zip	Country	29. Zip	Country

9. Name and Address of Current Registered Agent

**FRANKLIN, H. HOWARD**  
3100 E FLETCHER AVE  
TAMPA FL 33612

10. Name and Address of New Registered Agent

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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRANKLIN, H. HOWARD, MD	12. NAME	
STREET ADDRESS	3100 E FLETCHER AVE	13. STREET ADDRESS	
CITY-STATE-ZIP	TAMPA FL	14. CITY-STATE-ZIP	
TITLE	SD	21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FAVATA JOHN J, JR., MD	22. NAME	
STREET ADDRESS	4206 GULF POINT COURT	23. STREET ADDRESS	
CITY-STATE-ZIP	TAMPA FL	24. CITY-STATE-ZIP	
TITLE	TD	31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HULLS, JAMES R., MD	32. NAME	
STREET ADDRESS	6401 JOSEPHINE ARBOR	33. STREET ADDRESS	
CITY-STATE-ZIP	TEMPLE TERRACE FL	34. CITY-STATE-ZIP	
TITLE		41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42. NAME	
STREET ADDRESS		43. STREET ADDRESS	
CITY-STATE-ZIP		44. CITY-STATE-ZIP	
TITLE		51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52. NAME	
STREET ADDRESS		53. STREET ADDRESS	
CITY-STATE-ZIP		54. CITY-STATE-ZIP	
TITLE		61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY-STATE-ZIP		64. CITY-STATE-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 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 acknowledgment.

SIGNATURE *X*

*H. Howard*  
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

Date

Signature Print #