

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 479801 (3)

1. Corporation Name

RICHARD G. NORENBURG, M.D., P.A.



Principal Place of Business

Mailing Address

643-6TH AVENUE SOUTH
ST PETERSBURG FL 33701

643-6TH AVENUE SOUTH
ST PETERSBURG FL 33701

3. Date Incorporated or Qualified
06/30/1975

3a. Date of Last Report
03/06/1995

2. Principal Place of Business

21 603-7th STREET South

2a. Mailing Address

26 603-7th STREET South

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 # 340

27 # 340

City & State

City & State

23 ST. PETERSBURG, FL

28 ST. PETERSBURG, FL

Zip

Country

Zip

Country

24 33701

25 PINELIAS

29 33701

30 PINELIAS

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

NORENBURG, RICHARD G., M.D.
643-6TH AVE., S.
ST PETERSBURG FL 33701

81 Name
RICHARD G. NORENBURG, M.D.

82 Street Address (P.O. Box Number is Not Acceptable)
603-7th ST. SO

83 # 340

84 City
ST. PETERSBURG

85 Zip Code
FL 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☐ DELETE

NAME NORENBURG, RICHARD G
STREET ADDRESS 643-6TH AVENUE SOUTH
CITY-ST-ZIP ST PETERSBURG FL

TITLE V ☐ DELETE

NAME HYLER, JAMES E.
STREET ADDRESS 1259 SOUTH PINELLAS AVE.
CITY-ST-ZIP TARPON SPRINGS FL

TITLE ☐ DELETE

NAME ☐ DELETE

NAME ☐ DELETE

NAME ☐ DELETE

NAME ☐ DELETE

NAME ☐ DELETE

NAME ☐ DELETE

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NAME ☐ DELETE

NAME ☐ DELETE

NAME ☐ DELETE

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS 603-7th STREET SOUTH # 340

1.4 CITY-ST-ZIP ST. PETERSBURG, FL 33701

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)