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CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -7 PM 4:23

DOCUMENT # 504812 (9)

1. Corporation Name
RUFFOLO, HOOPER & ASSOCIATES, M.D., P.A.

Principal Place of Business	Mailing Address
402 SOUTH BOULEVARD, STE 201 TAMPA FL 33606	402 SOUTH BOULEVARD, STE 201 TAMPA FL 33606

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/04/1976
3a. Date of Last Report: 03/30/1994

2. Principal Place of Business 21 112 N. EAST STREET	2a. Mailing Address 26 112 N. EAST STREET
Suite, Apt. #, etc. 22 SUITE D	Suite, Apt. #, etc. 27 SUITE D
City & State 23 TAMPA, FL	City & State 28 TAMPA, FL
Zip 24 33602 Country 25 USA	Zip 29 33602 Country 30 USA

4. FEI Number: 59-1723249 ☐ 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

9. Name and Address of Current Registered Agent

ROSS, JEREMY P., ESQ.
2910 FIRST FLORIDA TOWER
TAMPA FL 33602

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	RUFFOLO,EUGENE H. PLEASE DELETE	12 NAME	
STREET ADDRESS	102 MARTINIQUE	13 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	14 CITY-ST-ZIP	
TITLE	P	21 TITLE	PRESIDENT ☒ Change ☐ Addition
NAME	HOOPER,GLENN S.	22 NAME	HOOPER, GLENN S.
STREET ADDRESS	2408 S. DUNDEE	23 STREET ADDRESS	4808 CULBREATH ISLE DR.
CITY-ST-ZIP	TAMPA FL	24 CITY-ST-ZIP	TAMPA, FL 33629
TITLE	T	31 TITLE	TREASURER ☒ Change ☐ Addition
NAME	TAMAYO,J. LINCOLN PLEASE DELETE	32 NAME	PAUTLER, KEITH B.
STREET ADDRESS	4205 AZEELE	33 STREET ADDRESS	6325 MAC LAURIN DRIVE
CITY-ST-ZIP	TAMPA FL	34 CITY-ST-ZIP	TAMPA, FL 33647
TITLE	VP	41 TITLE	☐ Change ☐ Addition
NAME	COLBERT JR.,GEORGE A. PLEASE DELETE	42 NAME	
STREET ADDRESS	3011 DUNWOODIE	43 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	SECRETARY ☒ Change ☐ Addition
NAME	HUTCHINSON,ROBERT C. PLEASE DELETE	52 NAME	GUNASEKARAN, SIVASELVI
STREET ADDRESS	2904 PEMBERTON CREEK DR.	53 STREET ADDRESS	7027 PELICAN ISLAND DRIVE
CITY-ST-ZIP	SEFFNER FL	54 CITY-ST-ZIP	TAMPA, FL 33614
TITLE	S	61 TITLE	VICE PRESIDENT ☒ Change ☐ Addition
NAME	BROWARSKY, IRWIN L.	62 NAME	BROWARSKY, IRWIN L.
STREET ADDRESS	14024 LAKE BLUFF CT.	63 STREET ADDRESS	14024 LAKE BLUFF COURT
CITY-ST-ZIP	TAMPA FL	64 CITY-ST-ZIP	TAMPA, FL 36624

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: [signature] 1/31/95 813-839-6662
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER Date Daytime Phone #

0291662 CP