

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 504812 (9)

1. Corporation Name

RUFFOLO, HOOPER & ASSOCIATES, M.D., P.A.



Principal Place of Business

Mailing Address

112 N. EAST STREET
SUITE D
TAMPA FL 33602
US

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SUITE D
TAMPA FL 33602
US

3. Date Incorporated or Qualified: 06/04/1976
3a. Date of Last Report: 02/07/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc.

26 Suite, Apt #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FET 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

10. Name and Address of New Registered Agent

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

81 Name: KALISH, WILLIAM, ESQ.
82 Street Address (R.O. Box Number or Rite Association): KALISH & WARD
83 City: 4100 BARNETT PLAZA, 101 E. KENNEDY BLVD.
84 City: TAMPA FL 85 Zip Code: 33602

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 607.0504, Florida Statutes.

SIGNATURE

[Signature]
Signature of Registered Agent (required when reappointing)

(NOTE: Registered Agent signature required when reappointing)

DATE

2/2/1996

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
P	HOOPER, GLENN S.	4808 CULBREATH ISLE DR.	TAMPA FL	<input checked="" type="checkbox"/>
T	PAUTLER, KEITH B.	6325 MAC LAURIN DRIVE	TAMPA FL	<input type="checkbox"/>
S	GUNASEKARAN, SIVASELVI	7027 PELICAN ISLAND DRIVE	TAMPA FL	<input checked="" type="checkbox"/>
VP	BROWARSKY, IRWIN L.	14024 LAKE BLUFF COURT	TAMPA FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	VP	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1.2 NAME	GONZALVO, AMERICO A.		
1.3 STREET ADDRESS	84 MARTINIQUE AVE		
1.4 CITY - ST - ZIP	TAMPA, FL 33609		
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY - ST - ZIP			
3.1 TITLE	S	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3.2 NAME	BRANTLEY, STEPHEN G.		
3.3 STREET ADDRESS	2519 CROWDER LANE		
3.4 CITY - ST - ZIP	TAMPA, FL 33629		
4.1 TITLE	P	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.2 NAME	BROWARSKY, IRWIN L.		
4.3 STREET ADDRESS	14024 LAKE BLUFF COURT		
4.4 CITY - ST - ZIP	TAMPA, FL 33624		
5.1 TITLE	000001732900	<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME	-03/05/96--01097--008		
5.3 STREET ADDRESS	***208.75		
5.4 CITY - ST - ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
KEITH B. PAUTLER, M.D.

813-229-6662

CR2E034 (12/95)