

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Mar 12 1997 8:00am
Secretary of State

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| PROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # 504812 (9)
 1. Corporation Name
RUFFOLO, HOOPER & ASSOCIATES, M.D., P.A.



| | |
|--|---|
| Principal Place of Business 112 N. EAST STREET SUITE D TAMPA FL 33602 US | Mailing Address 112 N. EAST STREET SUITE D TAMPA FL 33602-4108 US |
|--|---|

| | | | |
|--------------------------------------|---------------------------|---|--|
| 2. Principal Place of Business 21 | 2a. Mailing Address 26 | 3. Date Incorporated or Qualified 06/04/1976 | 3a. Date of Last Report 03/04/1996 |
| 22 Suite, Apt. #, etc. | 27 Suite, Apt. #, etc. | 4. FEI Number 59-1723249 | Applied For Not Applicable |
| 23 City & State | 28 City & State | 5. Certificate of Status Desired <input checked="" type="checkbox"/> XI | \$8.75 Additional Fee Required |
| 24 Zip | 29 Country | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 25 | 30 | 6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |

| | | |
|---|---|--|
| 9. Name and Address of Current Registered Agent KALISH, WILLIAM ESO KALISH & WARD 4100 BARNETT PLAZA, 101 E KENNEDY BLVD TAMPA FL 33602 | 81 Name | 10. Name and Address of New Registered Agent |
| | 82 Street Address (P.O. Box Number is Not Acceptable) | |
| | 83 | |
| | 84 City | 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---|---|--|
| TITLE | P <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BROWARSKY, IRWIN L | 1.2 NAME | |
| STREET ADDRESS | 14024 LAKE BLUFF COURT. | 1.3 STREET ADDRESS | |
| CITY - ST - ZIP | TAMPA FL 33624 | 1.4 CITY - ST - ZIP | |
| TITLE | T <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | PAUTLER, KEITH B. | 2.2 NAME | |
| STREET ADDRESS | 6325 MAC LAURIN DRIVE | 2.3 STREET ADDRESS | |
| CITY - ST - ZIP | TAMPA FL | 2.4 CITY - ST - ZIP | |
| TITLE | S <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BRANTLEY, STEPHEN G | 3.2 NAME | |
| STREET ADDRESS | 2519 CROWDER LANE | 3.3 STREET ADDRESS | |
| CITY - ST - ZIP | TAMPA FL 33629 | 3.4 CITY - ST - ZIP | |
| TITLE | P <input checked="" type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | BROWARSKY, IRWIN L. | 4.2 NAME | VICE PRESIDENT |
| STREET ADDRESS | 14024 LAKE BLUFF COURT | 4.3 STREET ADDRESS | AMERICO A. GONZALVO |
| CITY - ST - ZIP | TAMPA FL 33624 | 4.4 CITY - ST - ZIP | 84 MARTINIQUE AVE |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 5.4 CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 6.4 CITY - ST - ZIP | |

14. I do hereby certify that the information supplied with this filing 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: _____ **3/6/97** **813-287-6662**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)