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May 07, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 504812

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

Principal Place of Business 5439 E MEAUMONT CENTER STE 1024 TAMPA FL 33634 US	Mailing Address 5439 E MEAUMONT CENTER BLVD STE 1024 TAMPA FL 33634 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 06/04/1976	Applied For Not Applicable
4. FEI Number 59-1723249	
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 5439 E. BEAUMONT CTR	2a. Mailing Address 26 5439 E BEAUMONT CENTER
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 29
Country 25	Country 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KALISH, WILLIAM ESQ
KALISH & WARD
4100 BARNETT PLAZA, 101 E KENNEDY BLVD
TAMPA FL 33602

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	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	P 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	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	T 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	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VP GONZALVO, AMERICO A	3.2 NAME	VP KURT J. STONESIFER, M. D.
STREET ADDRESS	84 MARTINIQUE AVE	3.3 STREET ADDRESS	16201 SENTRY WOODS COURT
CITY-ST-ZIP	TAMPA FL	3.4 CITY-ST-ZIP	ODESSA, FLORIDA 33556
TITLE	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	S STONESIFER, KURT J	4.2 NAME	S JANICE B. MCCALL, M. D.
STREET ADDRESS	16201 SENTRY WOODS CT	4.3 STREET ADDRESS	2103 ARBOR OAKS DRIVE
CITY-ST-ZIP	ODESSA FL 33556	4.4 CITY-ST-ZIP	VALRICO, FLORIDA 33594
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 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, with all other like empowered.

SIGNATURE: *KB Pautler* **REQUIRED** 4-28-99 (813) 886-8334
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (1/198)