FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
'95 APR 10 PM 12:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **517789** **(4)**

1. Corporation Name
OB-GYN ASSOCIATES, LEVIN, COHEE AND KEMP, M.D.'S , P.A.

Principal Place of Business	Mailing Address
32615 US 19 N. SUITE 4 PALM HARBOR FL 34684	32615 US 19 N. SUITE 4 PALM HARBOR FL 34684

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **11/01/1976**
3a. Date of Last Report: **03/04/1994**

2. Principal Place of Business
21: 35207 US 19 N
22: Suite, Apt. #, etc.
23: City & State: PALM HARBOR FL
24: Zip: 34684 25: Country: USA

2a. Mailing Address
26: 35207 US 19 N
27: Suite, Apt. #, etc.
28: City & State: PALM HARBOR FL
29: Zip: 34684 30: Country: USA

4. FEI Number: **59-1695461** ☐ 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

LEVIN HARVEY A.
32614 US 19 NORTH
SUITE 4
PALM HARBOR FL 34684

10. Name and Address of New Registered Agent

81 Name: HARVEY A. LEVIN
82 Street Address (P.O. Box Number is Not Acceptable): 35207 US 19 N
83:
84 City: PALM HARBOR FL 65 Zip Code: 34684

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 _____ 4.4.95
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	11 TITLE	☒ Change ☐ Addition
NAME	VCOHEE, JOHN	12 NAME	
STREET ADDRESS	32615 US 19 NORTH	13 STREET ADDRESS	35207 US 19N
CITY-ST-ZIP	PALM HARBOR FL	14 CITY-ST-ZIP	PALM HARBOR FL 34684
TITLE	ST	21 TITLE	☒ Change ☐ Addition
NAME	BULL, TAMMY ANN	22 NAME	
STREET ADDRESS	32615 U S 19 NORTH	23 STREET ADDRESS	35207 US 19 N
CITY-ST-ZIP	PALM HARBOR FL	24 CITY-ST-ZIP	PALM HARBOR FL 34684
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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: Tammy A Bull 4/6/95 813-786-7227
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER Date Daytime Phone #

0587320 CP