**FILE NOW: FILING FEE AFTER MAY 1 IS $2[illegible].00**

PROFIT CORPORATION ANNUAL REPORT

**1996**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mort
Secretary of St
DIVISION OF CORPOR[illegible]IONS

DOCUMENT # **518924** **(6)**

1. Corporation Name
**BARRY BLACKER, M.D., P.A.**

| Principal Place of Business | Mailing Address |
|---|---|
| 5353 1ST AVE<br>ST PETERSBURG FL 33707 | 5353 1ST AVE<br>ST PETERSBURG FL 33707 |

| | |
|---|---|
| 3. Date Incorporated or Qualified: 12/01/1976 | 3a. Date of Last Report: 01/13/1995 |
| 4. FEI Number: 59-1702910 | ☐ 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 | |

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

9. Name and Address of Current Registered Agent

**KANNER, MENI**
**5010 PARK BLVD.**
**PINELLAS PARK FL**

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 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 [illegible] DATE

12. OFFICERS AND DIRECTORS

| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | |
|---|---|---|
| PD<br>BLACKER, BARRY<br>5353 1ST AVE<br>ST. PETERSBURG FL | ☐ DELETE | |
| V<br>BLACKER, BARRY<br>5353 1ST AVE<br>ST. PETERSBURG FL | ☐ DELETE | |
| S<br>EPSTEIN, BRUCE<br>5353 1ST AVE<br>ST. PETERSBURG FL | ☐ DELETE | |
| D<br>EPSTEIN, BRUCE<br>5353 1ST AVE<br>ST. PETERSBURG FL | ☐ DELETE | |
| | ☐ DELETE | |
| | ☐ DELETE | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|---|---|---|
| 1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP | ☐ Change | ☐ Addition |
| 2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP | ☐ Change | ☐ Addition |
| 3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP | ☐ Change | ☐ Addition |
| 4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP | ☐ Change | ☐ Addition |
| 5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP | ☐ Change | ☐ Addition |
| 6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP | ☐ Change | ☐ Addition |

CR2E034 (12/95)

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:** [illegible] Barry A. Blacker MD President 1/15/96 813 321 4253
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — DAYTIME PHONE #