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CORPORATION ANNUAL REPORT 1995



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

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

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DOCUMENT # 594423 (6)

1. Corporation Name GARY A. ZAMORE, M.D., P.A.

Principal Place of Business 2919 SWANN AVENUE TAMPA FL 33609-4049 Mailing Address 2919 SWANN AVENUE TAMPA FL 33609-4049

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/28/1978 3a. Date of Last Report 03/08/1994

2. Principal Place of Business

2a. Mailing Address

4. FEI Number 59-1861418

Applied For Not Applicable

21. Suite, Apt #, etc

26. Suite, Apt #, etc

5. Certificate of Status Desired \$8.75 Additional Fee Required

22. City & State

27. City & State

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

23. Zip Country

28. Zip Country

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

24. Zip Country

25. Zip Country

29. Zip Country

30. Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of Now Registered Agent

ZAMORE, GARY A., M.D. 2919 SWANN AVENUE SUITE 203 TAMPA, FL

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5 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, 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

Signature of Registered Agent (Print Name and Title)

Signature of Registered Agent (Print Name and Title)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Table with 4 columns: TITLE, NAME, STREET ADDRESS, CITY, ST, ZIP. Row 1: PD ZAMORE, GARY A., M.D., 4918 NEW PROVIDENCE, TAMPA FL.

Table with 4 columns: TITLE, NAME, STREET ADDRESS, CITY, ST, ZIP. Includes checkboxes for Change and Addition.

14. I hereby certify that the information supplied with this filing is voluntarily furnished and is true and correct 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 person or person 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: Gary Zamore

118195 Date 8701247