

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**CORPORATION  
ANNUAL REPORT  
1995**



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

**FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS**

**95 APR 10 PM 1:44**

**DOCUMENT # 600566 (4)**

1. Corporation Name

**HOBBY, ROWLEY & SMITH, M.D.'S, P.A.**

Principal Place of Business

**615 11TH STREET NORTH  
ST. PETERSBURG FL 33705**

Mailing Address

**615 11TH STREET NORTH  
ST. PETERSBURG FL 33705**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **11/13/1968** 3a. Date of Last Report **04/28/1994**

4. FEI Number **59-1224060** 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** Suite, Apt. #, etc.

**22** City & State

**23** Zip

Country

2a. Mailing Address

**26** Suite, Apt. #, etc.

**27** City & State

**28** Zip

Country

9. Name and Address of Current Registered Agent

**HOBBY, ROYCE  
615 11TH STREET NORTH  
ST PETERSBURG FL 33705**

10. Name and Address of New Registered Agent

**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

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

**TITLE PD  
NAME HOBBY, ROYCE  
STREET ADDRESS 615 11TH STREET NORTH  
CITY - ST - ZIP ST PETERSBURG, FL 00000**

**TITLE VD  
NAME SMITH, MICHAEL J  
STREET ADDRESS 615 11TH STREET NORTH  
CITY - ST - ZIP ST PETERSBURG, FL 00000**

**TITLE ~~STD~~  
NAME ~~ROWLEY, JOHN G~~  
STREET ADDRESS ~~615 11TH STREET NORTH~~  
CITY - ST - ZIP ~~ST PETERSBURG, FL 00000~~**

**TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP**

**TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP**

**TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and certify that the information indicated on this annual report or supplemental annual report only; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 007, Florida Statutes; and that my name appears in Block 12 or Block 13 (if changed), or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**29 MAR 95 594-0188**