CORPORATION ANNUAL REPORT 1995

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR -4 PM 11:41

DOCUMENT # 600734 (8)

1. Corporation Name

PRICE, HOFFMAN, STONE AND ASSOCIATES, M.D.'S, P. A.

Principal Place of Business	Mailing Address
SUITE 108 MEDICAL SQUARE BLDG 666 - 6TH ST SOUTH ST PETERSBURG FL 33701	SUITE 108 MEDICAL SQUARE BLDG 666 - 6TH ST SOUTH ST PETERSBURG FL 33701

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/31/1968

3a. Date of Last Report: 05/11/1994

2. Principal Place of Business — 21

2a. Mailing Address — 26

Suite, Apt. #, etc. — 22

Suite, Apt. #, etc. — 27

City & State — 23

City & State — 28

Zip — 24 Country — 25

Zip — 29 Country — 30

4. FEI Number: [redacted] 59-1227496 ☐ 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

HOFFMAN, ROBERT M
108 MEDICAL SQUARE BLVD.
666 6TH STREET SOUTH
ST. PETERSBURG FL 33701

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 _____ 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	D	11 TITLE	☐ Change ☐ Addition
NAME	BARAT, GUY R	12 NAME	
STREET ADDRESS	666 6TH STREET SO.	13 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL	14 CITY-ST-ZIP	
TITLE	VD	21 TITLE	☐ Change ☐ Addition
NAME	HOFFMAN,ROBERT M	22 NAME	
STREET ADDRESS	666 6TH ST S	23 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL	24 CITY-ST-ZIP	
TITLE	STD	31 TITLE	☐ Change ☐ Addition
NAME	STONE, JAMES D.	32 NAME	
STREET ADDRESS	666 6TH ST S	33 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	PRICE, BRENT C.	42 NAME	
STREET ADDRESS	666 6TH ST S	43 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	O'BRIEN, JOHN J., JR.	52 NAME	
STREET ADDRESS	666 6TH ST. S.	53 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	PRUITT, F. GREGORY	62 NAME	
STREET ADDRESS	666 6TH STREET SO.	63 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL	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)(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.

SIGNATURE: Robert M. Hoffman III 3-31-95 ✓
SIGNATURE AND TYPED OR PRINTED NAME OF PERSON OR DIRECTOR — Date — Daytime Phone #

0808703 CP