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PROFIT CORPORATION ANNUAL REPORT

1996

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

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

3. Date Incorporated or Qualified: 12/31/1968
3a. Date of Last Report: 04/04/1995

2. Principal Place of Business	2a. Mailing Address
21 747 6th Avenue So.	26 747 6th Avenue So.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 St. Petersburg, Fl.	City & State 28 St. Petersburg, Fl.
Zip 24 33701 / Country 25 USA	Zip 29 33701 / Country 30 USA

4. FEI Number: 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: James D. Stone, M.D.
82 Street Address (P.O. Box Number is Not Acceptable): 747 6th Avenue So.
83
84 City: St. Petersburg **FL** 85 Zip Code: 33701

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: James D. Stone, M.D. President — 4/23/96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BARAT, GUY R 666 6TH STREET SO. ST. PETERSBURG FL	☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD HOFFMAN,ROBERT M 666 6TH ST S ST PETERSBURG FL	☑ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SVD STONE, JAMES D. 666 6TH ST S ST PETERSBURG FL	☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PRICE, BRENT C. 666 6TH ST S ST PETERSBURG FL	☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D O'BRIEN, JOHN J., JR. 666 6TH ST. S. ST. PETERSBURG FL	☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PRUITT, F. GREGORY 666 6TH STREET SO. ST. PETERSBURG FL	☐ 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	D Joseph K. Potthast 747 6th Ave. So. St. Petersburg, Fl. 33701	☐ Change ☒ Addition
2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	D George F. Knight 747 6th Ave. So. St. Petersburg, Fl. 33701	☐ Change ☒ Addition
3.1 TITLE / 3.2 NAME / 3.3. STREET ADDRESS / 3.4 CITY-ST-ZIP	D Mark D. Herbst, 747 6th Ave. So. St. Petersburg, Fl. 33701	☐ Change ☒ Addition
4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	D Steven F. Merandi 747 6th Ave. So. St. Petersburg, Fl. 33701	☐ Change ☒ Addition
5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	D Glenn A. Call,M.D. 747 6th Ave. So. St. Petersburg, Fl. 33701	☐ 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: James D. Stone, M.D. President — 4/23/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #