FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995 5-1-95

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

B-53050

APPROVED AND FILED
95 MAY -1 PM 8:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 601586 (1)

1. Corporation Name

SUNCOAST INTERNAL MEDICINE CONSULTANTS, DRS. KOT SCH, WINGFIELD, KUDELKO, OTTAVIANI AND MAXFIE

Principal Place of Business	Mailing Address
13644 WALSHINGHAM RD LARGO FL 34644	13644 WALSHINGHAM RD LARGO FL 34644

DO NOT WRITE IN THIS SPACE.

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 / Country 24 / 25	Zip / Country 29 / 30

3. Date Incorporated or Qualified: 10/24/1969
3a. Date of Last Report: 04/27/1994
4. FEI Number: 59-1273247 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired XX $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

WINGFIELD, C. DAVID
13644 WALSINGHAM RD.
LARGO FL 34644

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 C. David Wingfield, D.O., President 4/24/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	Director	☐ Change XX Addition
NAME	WINGFIELD, C DAVID	1.2 NAME	Kerry E. Chamberlain, D.O.	
STREET ADDRESS	13644 WALSINGHAM RD	1.3 STREET ADDRESS	13644 Walsingham Road	
CITY-ST-ZIP	LARGO, FL 00000	1.4 CITY-ST-ZIP	Largo, FL 34644	
TITLE	VPD	2.1 TITLE	Director	☐ Change XX Addition
NAME	KUDELKO, PAUL E	2.2 NAME	Ronald L. Walsh	
STREET ADDRESS	13644 WALSINGHAM RD	2.3 STREET ADDRESS	13644 Walsingham Road	
CITY-ST-ZIP	LARGO, FL 00000	2.4 CITY-ST-ZIP	Largo, FL 34644	
TITLE	D	3.1 TITLE	Director	☐ Change XX Addition
NAME	DIGIOVANNI, ROBERT L.	3.2 NAME	Randal G. Worth	
STREET ADDRESS	13644 WALSINGHAM ROAD	3.3 STREET ADDRESS	13644 Walsingham Road	
CITY-ST-ZIP	LARGO FL	3.4 CITY-ST-ZIP	Largo, FL 34644	
TITLE	TD	4.1 TITLE	Director	☐ Change XX Addition
NAME	MAXFIELD, DANE L	4.2 NAME	Joseph J. Namey	
STREET ADDRESS	13644 WALSINGHAM RD	4.3 STREET ADDRESS	13644 Walsingham Road	
CITY-ST-ZIP	LARGO, FL 00000	4.4 CITY-ST-ZIP	Largo, FL 34644	
TITLE	SD	5.1 TITLE		☐ Change ☐ Addition
NAME	OTTAVIANI, A N	5.2 NAME		
STREET ADDRESS	13644 WALSINGHAM RD	5.3 STREET ADDRESS		
CITY-ST-ZIP	LARGO, FL 00000	5.4 CITY-ST-ZIP		
TITLE	D	6.1 TITLE		☐ Change ☐ Addition
NAME	LITTLEFIELD, JERRY M.	6.2 NAME		
STREET ADDRESS	13644 WALSINGHAM ROAD	6.3 STREET ADDRESS		
CITY-ST-ZIP	LARGO FL	6.4 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)(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: C. David Wingfield, D.O., President C. David Wingfield, D.O. 4/24/95 813-595-2519
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CP