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PROFIT CORPORATION ANNUAL REPORT
1997

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

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 WALSINGHAM RD LARGO FL 34644	13644 WALSINGHAM RD LARGO FL 33774-3532

3. Date Incorporated or Qualified: 10/24/1969
3a. Date of Last Report: 02/21/1996

2. Principal Place of Business
21: 13644 WALSINGHAM RD
22: Suite, Apt. #, etc.
23: City & State: LARGO FL
24: Zip: 33774
25: Country: USA

2a. Mailing Address
26: 13644 WALSINGHAM RD
27: Suite, Apt #, etc.
28: City & State: LARGO FL
29: Zip: 33774
30: Country: USA

4. FEI Number: 59-1273247 ☐ 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

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

10. Name and Address of New Registered Agent

81 Name: WINGFIELD, C. DAVID
82 Street Address (P.O. Box Number is Not Acceptable): 13644 WALSINGHAM ROAD
83:
84 City: LARGO FL 85 Zip Code: 33774

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD WINGFIELD, C DAVID 13644 WALSINGHAM RD LARGO, FL 00000	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☒ Addition D WALSH, RONALD 13644 WALSINGHAM RD LARGO FL 33774
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD KUDELKO, PAUL E 13644 WALSINGHAM RD LARGO, FL 00000	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☒ Addition D CHAMBERLAIN, KERRY 13644 WALSINGHAM RD LARGO FL 33774
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DIGIOVANNI, ROBERT L. 13644 WALSINGHAM ROAD LARGO FL	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4. CITY-ST-ZIP	☐ Change ☒ Addition D WORTH, RAHOAL 13644 WALSINGHAM RD LARGO FL 33774
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD MAXFIELD, DANE L 13644 WALSINGHAM RD LARGO, FL 00000	☐ DELETE	4.1 TITLE / 4. 2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☒ Addition D NAMEY, JOSEPH JR. 13644 WALSINGHAM RD. LARGO FL 33774
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD OTTAVIANI, A N 13644 WALSINGHAM RD LARGO, FL 00000	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☒ Addition D KROLICK, MERRILL 13644 WALSINGHAM RD. LARGO FL 33774
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LITTLEFIELD, JERRY M. 13644 WALSINGHAM ROAD LARGO FL	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (9/96)

14. I do hereby certify that the information supplied with this filing 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 A. O'Brien P.A. ROBERT L. DIGIOVANNI 2-24-97 813-595-2519
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #