

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**CORPORATION
ANNUAL REPORT
1995****FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS****APPROVED
AND
FILED****95 APR -7 AM 5:12****SECRETARY OF STATE
TALLAHASSEE, FLORIDA****DOCUMENT # 602622 (3)**

1. Corporation Name

F.A. SMITH M.D., P A

Principal Place of Business

**BOX 4375
TAMPA FL 33677**

Mailing Address

**BOX 4375
TAMPA FL 33677**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

12/28/1970

3a. Date of Last Report

04/21/1994

4. FEI Number

59-1310086

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

24

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

9. Name and Address of Current Registered Agent

**SMITH, F.A., M.D., P.A.
2108 RIVERSIDE DR
TAMPA FL 33602**

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 fee if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SMITH, F A
STREET ADDRESS	2605 N. HOWARD AVENUE
CITY - ST - ZIP	TAMPA FL

TITLE	D
NAME	ANDREWS, W W
STREET ADDRESS	3105 N. 22ND STREET
CITY - ST - ZIP	TAMPA FL

TITLE	D
NAME	JACKSON, A R
STREET ADDRESS	5011 WINNIE STREET
CITY - ST - ZIP	TAMPA FL

TITLE	T
NAME	SMITH F A
STREET ADDRESS	2108 RIVERSIDE DR
CITY - ST - ZIP	TAMPA FL

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	President	☒ Change ☐ Addition
12 NAME	F. A. Smith, M.D.	
13 STREET ADDRESS	2108 Riverside Drive	
14 CITY - ST - ZIP	Tampa, FL 33602	

21 TITLE		☐ Change ☐ Addition
22 NAME		
23 STREET ADDRESS		
24 CITY - ST - ZIP		

31 TITLE		☐ Change ☐ Addition
32 NAME		
33 STREET ADDRESS		
34 CITY - ST - ZIP		

41 TITLE		☐ Change ☐ Addition
42 NAME		
43 STREET ADDRESS		
44 CITY - ST - ZIP		

51 TITLE		☐ Change ☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY - ST - ZIP		

61 TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
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 110.07(3)(k), Florida Statutes. I further certify that the information indicated in the 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 applicable, or on an attachment with an address.

SIGNATURE:**F. A. Smith, M.D. 4-3-95 (813) 223-5566**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature (Please Print)