

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 8, 1996.
AMOUNT DUE ON OR BEFORE 8/8/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

PROFIT CORPORATION ANNUAL REPORT 1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUL 24 AM 8:13

DOCUMENT # 603332 (8)

1. Corporation Name

ST. PETERSBURG MEDICAL CLINIC, P.A.

Principal Place of Business

1099 S AVENUE N
ST. PETERSBURG FL 33705

Mailing Address

1099 S AVENUE N
ST. PETERSBURG FL 33705

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **12/29/1971**
3a. Date of Last Report: **04/21/1994**

2. Principal Place of Business

21

2a. Mailing Address

26

4. FEI Number: **59-0706248**

Applied For: Not Applicable

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

23 City & State

28 City & State

6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**

24 Zip

25 Country

29 Zip

30 Country

8. The corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

**BAILEY, DAVID L
1099 5TH AVENUE NORTH
ST. PETERSBURG FL 33705-1419**

10. Name and Address of Now 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) David L. Bailey

(Signature) Robert R. Koch, Jr.

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D
NAME	MARSHALL, R H
STREET ADDRESS	1099 5TH AVE., N.
CITY, ST, ZIP	ST. PETERSBURG FL
TITLE	P
NAME	KOCH, ROBERT R. JR.
STREET ADDRESS	1099 5TH AVE., N.
CITY, ST, ZIP	ST. PETERSBURG FL
TITLE	T
NAME	SCHWARTZ, MICHAEL
STREET ADDRESS	1099 5TH AVE., N.
CITY, ST, ZIP	ST. PETERSBURG FL
TITLE	VP
NAME	NEWMAN, HENRY
STREET ADDRESS	1099 5TH AVE NO.
CITY, ST, ZIP	ST. PETERSBURG FL
TITLE	S
NAME	BOYD, WILLIAM
STREET ADDRESS	1099 5TH AVE., N.
CITY, ST, ZIP	ST. PETERSBURG FL
TITLE	D
NAME	REICHERT, ROBERT A
STREET ADDRESS	1099 5TH AVE., N.
CITY, ST, ZIP	ST. PETERSBURG FL

11 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	Michael A. Franklin, M.D.	
13 STREET ADDRESS	1099 - 5th Avenue North	
14 CITY, ST, ZIP	St. Petersburg, FL 33705-1419	
21 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	Joseph A. Boulay, Jr., M.D.	
23 STREET ADDRESS	(same address)	
24 CITY, ST, ZIP		
31 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	Andrea Woods, M.D.	
33 STREET ADDRESS	(Same address)	
34 CITY, ST, ZIP		
41 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	Jonathan P. Yunis, M.D.	
43 STREET ADDRESS	(same address)	
44 CITY, ST, ZIP		
51 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	Brian W. Elliott, M.D.	
53 STREET ADDRESS	(same address)	
54 CITY, ST, ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY, ST, ZIP		

14. I, the undersigned, certify that the information supplied herein is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information included 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 an officer or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 1, or Block 13 if changed, or on the attached sheet with an address.

SIGNATURE: *(Signature)* Robert R. Koch, Jr., M.D. 07/11/95 813/821-1221

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE DAY/MONTH/YEAR

CR2E094 (3/95)