

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 16 AM 11:04

DOCUMENT # 604452 (3)

1. Corporation Name

TOWNSEND, LASSEN, ROGERS AND DUNLAP, M.D.'S,P.A.

Principal Place of Business

**2010-59TH ST.W. STE. 4400
BRADENTON FL 34209**

Mailing Address

**2010-59TH ST.W. STE. 4400
BRADENTON FL 34209**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

06/12/1973

3a. Date of Last Report

04/01/1994

4. FEI Number

59-1466615

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

10. Name and Address of New Registered Agent

**AUCOIN, GARFIELD W
2010 59TH ST W
STE 4400
BRADENTON FL 34209**

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 title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD
NAME	AYRES, JOHN R.
STREET ADDRESS	2010 59 ST W #4400
CITY- ST- ZIP	BRADENTON FL
TITLE	VD
NAME	TOWNSEND, HORACE D
STREET ADDRESS	2010 59 ST W. #4400
CITY- ST- ZIP	BRADENTON FL
TITLE	VD
NAME	LASSEN, KEITH J
STREET ADDRESS	2010 59 ST W, #4400
CITY- ST- ZIP	BRADENTON FL
TITLE	VD
NAME	SILBEY, MARK B
STREET ADDRESS	2010 59 ST W #4400
CITY- ST- ZIP	BRADENTON FL
TITLE	SD
NAME	ROGERS, JAMES T
STREET ADDRESS	2010 59 ST W #4400
CITY- ST- ZIP	BRADENTON FL
TITLE	TD
NAME	DUNLAP, GARY L
STREET ADDRESS	2010 59 ST W, #4400
CITY- ST- ZIP	BRADENTON FL

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 110.07(3)(b), 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: *Horace D. Townsend*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HORACE D. TOWNSEND

DATE

2/14/95

Daytime Phone #

813-772-1404