SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
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. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 29 AM 8:31

DOCUMENT # **604486** **(1)**

1. Corporation Name
WHITE, C. RONALD, M.D., P.A.

Principal Place of Business	Mailing Address
1201 5TH AVE. NO.-STE. 500 ST. PETERSBURG FL 33705 US	536 16TH AVE NE ST. PETERSBURG FL 33704 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 07/01/1973
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-1467578 ☐ 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	2a. Mailing Address
21 1801 - 16TH ST. NORTH	26
Suite, Apt. #, etc. 22 STE. A	Suite, Apt. #, etc. 27
City & State 23 ST. PETERSBURG, FL	City & State 28
Zip / Country 24 33704 25 RUSSIA	Zip / Country 29 30

9. Name and Address of Current Registered Agent

WHITE, C. RONALD
536 16 AVE NE
ST PETERSBURG FL 33704

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 _____ 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	PDT	11 TITLE		☐ Change ☐ Addition
NAME	WHITE, C. RONALD	12 NAME		
STREET ADDRESS	536 - 16TH AVE NE	13 STREET ADDRESS		
CITY-ST-ZIP	ST PETERSBURG FL	14 CITY-ST-ZIP		
TITLE	S	21 TITLE	S	☒ Change ☐ Addition
NAME	WHITE, C. RONALD	22 NAME	STEPHEN A. WHITE	
STREET ADDRESS	536 - 16TH AVE NE	23 STREET ADDRESS	536-16TH AVE. N.E.	
CITY-ST-ZIP	ST PETERBURG FL	24 CITY-ST-ZIP	ST. PETERSBURG, FL. 33704	
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY-ST-ZIP		34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

CR2E034 (3/95)

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. Ronald White M.D. 6/26/95 (813) 894-4077
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
C. Ronald White, M.D.

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