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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 JAN 30 AM 10:28

DOCUMENT # 696124 (7)

1. Corporation Name
SMITH WINQUIST AND ASSOCIATES, M.D., P.A.

Principal Place of Business	Mailing Address
5545 HIGH STREET NEW PORT RICHEY FL 34652	5545 HIGH STREET NEW PORT RICHEY FL 34652

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 07/27/1981
3a. Date of Last Report: 01/31/1994

2. Principal Place of Business
21: 5542 HIGH STREET
22 Suite, Apt. #, etc.: NEW PORT RICHEY, FL 34652
23 City & State:
24 Zip: 34652 25 Country: PASCO

2a. Mailing Address
26: GULF COAST PATHOLOGISTS
27 Suite, Apt. #, etc.: 5542 HIGH ST. SUITE C
28 City & State: NEW PORT RICHEY
29 Zip: 34652 30 Country: PASCO

4. FEI Number: 59-2114442 ☐ 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

KALISH, WILLIAM
4100 BARNETT PLAZA
P.O. BOX 71
TAMPA FL 33601-7071

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	PD	1.1 TITLE	P/D ☑ Change ☐ Addition
NAME	RIOFRIO, PATRICIO	1.2 NAME	ONG, YAO CHENG
STREET ADDRESS	5542 HIGH STREET	1.3 STREET ADDRESS	5542 HIGH STREET
CITY-ST-ZIP	NEW PORT RICHEY, FL00000	1.4 CITY-ST-ZIP	NEW PORT RICHEY, FL 34652
TITLE	ST	2.1 TITLE	S/T ☑ Change ☐ Addition
NAME	ONG, YAO CHENG	2.2 NAME	RIOFRIO, PATRICIO
STREET ADDRESS	5542 HIGH STREET	2.3 STREET ADDRESS	5542 HIGH STREET
CITY-ST-ZIP	NEW PORT RICHEY FL	2.4 CITY-ST-ZIP	NEW PORT RICHEY, FL 34652
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 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 arrow.

SIGNATURE: (X) Yao Cheng Ong
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER

Yao Cheng Ong, M.D., President

1-24-95 Date
813-842-4848 Daytime Phone #

084151 GP