SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $305)

NONPROFIT 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 JUL 24 AM 8:13

DOCUMENT # 736268 (4)

1. Corporation Name
ST. PETERSBURG MEDICAL CLINIC FOUNDATION, INC.

Principal Place of Business	Mailing Address
1099 FIFTH AVE., NORTH ST. PETERSBURG FL 33705	1099 FIFTH AVE., NORTH ST. PETERSBURG FL 33705

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/01/1976
3a. Date of Last Report: 04/21/1994
4. FEI Number: 59-1864013 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ FILING FEE IS $61.25
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	26
Suite, Apt. #, etc 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

BAILEY, DAVID
1099 FIFTH AVE., NORTH
ST. PETERSBURG FL 33705

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 617.0502 and 617.1508, 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 617.0503, 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	11 TITLE	☐ Change ☐ Addition
NAME	BRIDGEFORD, PAUL H.	12 NAME	
STREET ADDRESS	1099 5TH AVE. N.	13 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL	14 CITY-ST-ZIP	
TITLE	STD	21 TITLE	☐ Change ☐ Addition
NAME	BAILEY, DAVID	22 NAME	
STREET ADDRESS	1099 5TH AVE. N.	23 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	BYRON, RICHARD	32 NAME	
STREET ADDRESS	1099 5TH AVE. N.	33 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	KOCH, ROBERT	42 NAME	
STREET ADDRESS	1099 5TH AVE. N.	43 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	ESTEVEZ, CARLOS	52 NAME	
STREET ADDRESS	1099 5TH AVE. N.	53 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL	54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

CR2E037 (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)(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ Paul H. Bridgeford, M.D. 07/11/95 813/821-1221
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0015405

736268

St. Petersburg Medical Clinic

1099 Fifth Avenue North
St. Petersburg, Florida 33705-1419
Phone (813) 821-1221 FAX (813) 892-8702

MEMORANDUM

TO: **Division of Corporations, Florida Department of State**

FROM: **David L. Bailey, Administrator, St. Petersburg Medical Clinic**

RE: **1995 Corporate Annual Reports for:**
Document Numbers: H95766 (2); 603332 (8); and 736268 (4)

DATE: **July 12, 1995**

- -

Enclosed please find the executed documents for the above referenced Corporate Reports, together with our check in the amount of $605.00 (Document #603332 = $225.00; Document #H95766 = $225.00; and Document #736268 = $155.00) to cover late filing charges. Please excuse our delinquency in returning these forms in a timely manner.

There have been no changes in the officers for Document #736268, but there have been some slight changes/additions within the 7 officers for Documents #603332 and H95766:

1- Robert R. Koch, Jr., M.D., President (he served on the Board in this same capacity during 1994)
2- Andrea Woods, M.D., Vice-President (new to officer list)
3- Brian W. Elliott, M.D., Secretary (newly appointed to this position, but served as a Director in 1994)
4- Joseph A. Boulay, Jr., M.D., Treasurer (new to officer list)
5- Michael A. Franklin, M.D., Director (new to officer list)
6- Jonathan P. Yunis, M.D., Director (new to officer list)
7- R. Holly Marshall, M.D. Director (she served on the Board in this same capacity during 1994)

If you have questions regarding any portion of these documents, please contact our office at 813/892-8701.

DLB/np

Enclosures