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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # **F07354** **(6)**

1. Corporation Name
TAMPA MEDICAL GROUP, P.A.

Principal Place of Business	Mailing Address
4700 N HABANA AVE STE 201 TAMPA FL 33614	4700 N HABANA AVE STE 201 TAMPA FL 33614

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/01/1980	3a. Date of Last Report: 04/11/1994
4. FEI Number: 59-2041688	☐ 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	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / County 25	Zip 29 / County 30

9. Name and Address of Current Registered Agent

MCILWAIN, HARRIS H, MD
4700 N HABANA AVE, STE 201
TAMPA FL 33614

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	D	1.1 TITLE	☐ Change ☐ Addition
NAME	SILVERFIELD, JOEL C	1.2 NAME	
STREET ADDRESS	4700 N HABANA AVE #201	1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33614	1.4 CITY-ST-ZIP	
TITLE	PT	2.1 TITLE	600001486595 ☐ Change ☐ Addition
NAME	SILVERFIELD, JOEL C	2.2 NAME	-04/19/95--01086--007
STREET ADDRESS	4700 N HABANA AVE #201	2.3 STREET ADDRESS	****208.75 ****208.75
CITY-ST-ZIP	TAMPA FL 33614	2.4 CITY-ST-ZIP	
TITLE	VS	3.1 TITLE	☐ Change ☐ Addition
NAME	MCILWAIN, HARRIS H	3.2 NAME	
STREET ADDRESS	4700 N HABANA AVE #201	3.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33614	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	MCILWAIN, HARRIS H	4.2 NAME	
STREET ADDRESS	4700 N HABANA AVE #201	4.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33614	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	

4/18

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: Joel C. Silverfield 4/10/95 813 871-5033
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0896322 CP