SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9. 1905 AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1995

DOCUMENT # F51575 1. Corporation Name

(1)

PRACTICE MANAGEMENT OF ST. PETERSBURG, INC. Mailing Address Principal Place of Business 9620 EXEC. CENTER DR #125 9620 EXEC. CENTER DR #125 ST PETERSBURG FL 33702 ST PETERSBURG FL 33702 DO NOT WRITE IN THIS SPACE. 3a. Date of Last Report 3. Date incorporated or Qualified 10/20/1981 02/01/1994 2a. Mailing Address Applied For 2. Principal Place of Business 59-2337347 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 City & State \$5.00 May Be City & State 6. Election Campaign Financing Added to Fees 28 Trust Fund Contribution 23 8. This corporation has liability for intanglols tax under s. 100.000. Florida Statutes Yes No Country 29 30 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name Wysong, angela r Street Address (P.O. Box Number is Not Acceptable) 9620 EXECUTIVE CENTER DRIVE #125 83 ST. PETERSBURG FL 33702 85 Zip Code 64 City 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 (NOTE: Registered Agent signature required when reinstating) Signature, typud or printed name of registered agent and little if applicable OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. Addition Change 1 1 TITLE THEF JENKINS, JOHN NAME 9620 EXEC CTR DR #125 1 3 STREET ADDRESS STREET ADDRESS ST PETE, FL 00000 1 4 CITY - ST - ZIP CITY - ST - ZIP Change Addition fitit 21 titt f NAME MEADOR, JAMES G 22 NAME STREET ADDRESS 5420 47TH AVENUE, S.W. 2.3 STREET ADDRESS SEATTLE WA 2 4 CITY - ST - ZIP CITY ST ZIP TITLE 3 1 TITLE

___ Change ____ Addition 3.2 NAME MEADOR, JAMES G NAME 5420 47TH AVENUE, S.W. 3.3 STREET ADDRESS STREET ADDRESS SEATTLE WA 34 CITY ST ZIP CITY ST-ZIP Change Addition TITLE A 1 TITLE 4.2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY ST-ZIP 44 CITY - ST - ZIP Change Addition 5 1 MILE TITLE 52 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 54 CHY ST ZIP CITY ST ZIP Change Addition 61 TITLE HILE 6.2 NAME NAME **6.3 STREET ADDRESS** STREET ADDRESS 6.4 City - S1 - ZiP

CITY ST ZIP 14. I do hereby cortify 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 cortify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same logal affect 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 attentional with an address.

SIGNATURE AND TYPED OR PRINTED HAVE OF SIGNING OFFICER OR DIRECTOR

FILED SECRETARY OF STATE DIVISION OF COMPORATIONS

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