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Jan 21 1997 8:00am
Secretary of State

**PROFIT
CORPORATION
ANNUAL REPORT
1997**



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

DOCUMENT # G05711 (8)
1. Corporation Name
HAUSER & FRIERSON, M.D.'S, PROFESSIONAL ASSOCIATION

Principal Place of Business **Mailing Address**
8700 FOURTH STREET NORTH, SUITE ONE **8700 FOURTH STREET NORTH, SUITE ONE**
ST. PETERSBURG FL 33702 **ST. PETERSBURG FL 33702-3106**

3. Date Incorporated or Qualified **10/21/1982** **3a. Date of Last Report** **07/08/1996**
4. FEI Number **59-2224129** **Applied For** ☐
Not Applicable ☐
5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**
6. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution ☐
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. **Suite, Apt. #, etc.**
22 **27**
City & State **City & State**
23 **28**
Zip **Country** **Zip** **Country**
24 **25** **29** **30**

9. Name and Address of Current Registered Agent

OSBORNE, GEORGE M.
433 FOURTH STREET NORTH
ST. PETERSBURG FL 33701

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 of person or persons of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS ☐ **DELETE**

TITLE	PMS
NAME	FRIERSON, ERNEST L, MD
STREET ADDRESS	8700 FOURTH S N
CITY - ST - ZIP	ST PETERSBURG, FL 00000
TITLE	MS
NAME	HAUSER, CLAYTON J, MD
STREET ADDRESS	8700 FOURTH S N
CITY - ST - ZIP	ST PETERSBURG, FL 00000
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ **Change** ☐ **Addition**

1.1 TITLE	
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing 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 address.

SIGNATURE: *[Signature]* **1-13-97** **813-576-4229**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Date** **Daytime Phone #**

CR2E034 (9/96)