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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 FEB 13 AM 10:43

DOCUMENT # G61055 (1)

1. Corporation Name
ESSMAN, DAVIS, SONGSTER LABORATORY PHYSICIANS, P .A.

Principal Place of Business	Mailing Address
701 6TH STR SO ST PETERSBURG FL 33733 US	PO BOX 13700 ST PETERSBURG FL 33733 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 09/21/1983
3a. Date of Last Report: 02/22/1994

2. Principal Place of Business
21: 300 First Ave So
Suite, Apt. #, etc.
22: Suite 403
City & State
23: St Pet. FL
Zip 24: 33701 Country 25: USA

2a. Mailing Address
26: PO Box 13700
Suite, Apt. #, etc.
27:
City & State
28: St Pete FL
Zip 29: 33701 Country 30: USA

4. FEI Number: 59-2323586 ☐ 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

ESSMAN, RICHARD A
4753 CENTRAL AVE
ST PETERSBURG FL 33713

10. Name and Address of New Registered Agent

81 Name: Essman, Richard A.
82 Street Address (P.O. Box Number is Not Acceptable): 300 1st Avenue South
83: Suite 403
84 City: St Pete FL 85 Zip Code: 33701

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: Richard A. Essman MD
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	1.1 TITLE	☒ Change ☐ Addition
NAME	SMITH JR., DENNIS M.	1.2 NAME	
STREET ADDRESS	4753 CENTRAL AVE	1.3 STREET ADDRESS	300 1st Ave So, Suite 403
CITY-ST-ZIP	ST PETERSBURG FL	1.4 CITY-ST-ZIP	St Pete FL 33701
TITLE	STD	2.1 TITLE	☒ Change ☐ Addition
NAME	DAVIS, LARRY J	2.2 NAME	
STREET ADDRESS	4753 CENTRAL AVE	2.3 STREET ADDRESS	300 1st Ave So, Suite 403
CITY-ST-ZIP	ST PETERSBURG FL	2.4 CITY-ST-ZIP	St Pete FL 33701
TITLE	VD	3.1 TITLE	☒ Change ☐ Addition
NAME	SONGSTER, CURTIS L.	3.2 NAME	
STREET ADDRESS	4753 CENTRAL AVE	3.3 STREET ADDRESS	300 1st Ave So, Suite 403
CITY-ST-ZIP	ST PETERSBURG FL	3.4 CITY-ST-ZIP	St Pete, FL 33701
TITLE	PD	4.1 TITLE	☒ Change ☐ Addition
NAME	ESSMAN, RICHARD A.	4.2 NAME	
STREET ADDRESS	4753 CENTRAL AVE	4.3 STREET ADDRESS	300 1st Ave So, Suite 403
CITY-ST-ZIP	ST PETERSBURG FL	4.4 CITY-ST-ZIP	St Pete FL 33701
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 address.

SIGNATURE: Richard A. Essman MD (813) 894-7158
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

0446266 FP