

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # G61055

(1)

1. Corporation Name

LABORATORY PHYSICIANS, P.A.



Principal Place of Business

300 FIRST AVE SOUTH
SUITE 403
ST PETERSBURG FL 33701
US

Mailing Address

PO BOX 13700
ST PETERSBURG FL 33701
US

3. Date Incorporated or Qualified

09/21/1983

3a. Date of Last Report

02/13/1995

2. Principal Place of Business

2a. Mailing Address

21 603-7th St. So.

26 Suite, Apt. #, etc.

22 Suite 580

27 City & State

23 St. Petersburg, FL

28 Zip

24 33701

25 US

29 Zip

30 Country

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

10. Name and Address of New Registered Agent

ESSMAN, RICHARD A
900 1ST AVENUE SOUTH
SUITE 403
ST PETERSBURG FL 33701

603-7th St So.
Suite 580

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

(Sign, print, type or print name of registered agent and 50% if applicable)

(NOTE: Registered Agent Signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME
VD
SMITH JR., DENNIS M.
300 1ST AVE SOUTH, SUITE 403
ST PETERSBURG FL

TITLE ☐ DELETE

NAME
STD
DAVIS, LARRY J
900 1ST AVENUE SOUTH, SUITE 403
ST PETERSBURG FL

TITLE ☐ DELETE

NAME
VD
SONGSTER, CURTIS L.
300 1ST AVENUE SOUTH, SUITE 403
ST PETERSBURG FL

TITLE ☐ DELETE

NAME
PD
ESSMAN, RICHARD A.
300 1ST AVENUE SOUTH, SUITE 403
ST PETERSBURG FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

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 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: Richard A. Essman MD President

22 Jan 1996 843 893-6182

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)