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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

	1996	DIVISI	ION OF CORPORA	ATIONS			
Corporation		•	9)	1			
ASSO	CIATED PHYSICIANS O	F TAMPA BAY, INC.			i 4 18 4 1141 86 16 1 88 16 18811 88811 88821 8884	i kiri biri) birii bir	II DIAN BIBU JIBU KAN
incipal Place of Business Mailing Address							
3601 Bruce B. Downs Uite 121 Ampa Fl. 33613		SUITE 121	13601 BRUCE B DOWNS SUITE 121 TAMPA FL 33613				
		US			3. Date Incorporated or Qualified 01/10/1984	3a. Date of 02/09	Last Report 9/1995
Principal F	Place of Business	2a. Mailing Addre	iss		4. FEI Number 59-2367141		Applied For Not Applicat
iuite, Apt.	#, etc.	Suite, Apt. #,	etc.		5. Certificate of Status Desired	\$	8.75 Additional
ity & Stat	te	City & State			Election Campaign Financing Trust Fund Contribution		\$5.00 May Be
' φ	Country	Zip	Cour	ntry	8. This corporation has liability for	intangible tax ur	Added to Fees ider s 199.032,
	25 9. Name and Address of C	29 Current Registered Agent	<u> </u> 30		Florida Statutes Y Yes 10. Name and Address of New I	No Registered Age	nt
				81 Name			
	r, D W, MD Bruce B. Downs			82 Street Add	ress (P.O. Box Number is Not Acceptat	ole)	
SUITE 1				83			
IAMPA	FL 33613		İ	84 City	THILL	FL®	5 Zip Code
Pursuant	to the provisions of Sections 607	7.0502 and 607.1508, Florida	Statutes, the above	 /e-named coroo	ration submits this statement for the purific of directors. I hereby accept the app		na ite ragistarad of
familiar w	ith, and accept the obligations of,	' Section 607 0605. Florida 🗣					
natufie.	Signative typical or partied name of registers		tatules.	Agent signature require			
NATURE.	OFFICER	ed agent and title d'applicable IS AND DIRECTORS	(NO): Registered /	Agnnt signature require		DATE	
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SIGNATURE:

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR