## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION **ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(1)

TAMPA OBSTETRICS, P.A.

**FILED** May 12 1998 8:00am Secretary of State



Principal Place of Business Mailing Address						[ 000/633 6400 04330 (1831 10014 10001 3463 01011 01015 01011 81014 011	131 <b>0</b> 1011 1001	
888 SO PARSONS AVE 888 SOUTH PARSONS A BRANDON FL 33511 BRANDON FL 33511 US US			VE.	Ε.		DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified		
						06/19/1985		
2. Principal Pl	ace of Business	2a. Mailing Address					pplied For	
21		26				59-2888442	lot Applicable	
Suite, Apt #, etc.		Suite, Apt. #, etc.				F Cortitionto of Status Doctrod	Fee Required	
City & State		City & State					May Be I to Fees	
Zip	Country Zip		Cour	Country		8. This corporation owes or has paid the current year Intangible		
24	25	29 30				Personal Property Tax due June 30. Yes No		
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Registered Agent  61 Name				
LEVINE, PAUL R 888 SOUTH PARSONS AVE. BRANDON FL 33511				B2		ddress (P.O. Box Number is Not Acceptable)		
. DHV	MUUN PE 33311			83				
			Ī	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. Fam familiar with, and accept the obligations of Section 607.0505, Florida Statutes.  SIGNATURE    Signature typet or purify from a obligation of agent and bits illigible file. (NOTE: Registered Agent signature required when reinstating)  DATE								
12. OFFICERS AND DIRECTORS				13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PSD	DELETE		I,1 TITLE		☐ Change		
NAME	LEVINE, PAUL R		1.2 NA	ME				
STREET ADDRESS	A.A. A.O		1.3 ST	1.3 STREET ADDRESS				
CITY-ST-ZIP	BRANDON FL		1.4 00	1.4 CITY-ST-ZIP				
TITLE	D XX DELETE		21 TIT	21 TITLE DI		DELETED AS VICE-PRESIDENT XX Change	Addition	
NAME	ZWEIBACH,-STEPHEN M.		22 NAME			AND DIRECTOR IN 1997		
STREET ADDRESS	-688- SOUTH-PARSONS-AVE		2 3 STREET A		ADDRESS	AND DIRECTOR IN 1997 ANNUAL REPORT FILING.		
CITY-ST-ZIP	<b>BRANDON FL</b>		2 4 CITY		ST-ZIP			
TITLE		☐ <b>DE</b> LETE	3 1 THLE			Change	☐ Addition	
NAME	32		3 2 NA	3.2 NAME				
STREET ADDRESS	S		3.3 ST	3.3 STREET ADDRESS				
CITY-ST-ZIP			3 4. CI		ST-ZIP	D 01	Addition	
TITLE		DELETE	4.1 TIT			∟ Change	Addition	
NAME			4. 2 NAME					
STREET ADDRESS					ADDRESS			
CITY-ST-ZIP		DELETE	4.4 CITY -		1 - ZIP	Change	Addition	
TITLE	•		5.1 TITLE			<u> —</u> опинус		
NAME			5.2 NAME		ADDRECCE			
STREET ADDRESS			. I		ADDRESS			
CITY-ST-ZIP TITLE				5.4 CITY - ST - ZIP 5.1 TITLE		Change	Addition	
NAME	beerg		•	6.2 NAME			<del></del>	
Ł					ADDRESS			
STREET ADDRESS			6.4 CI					
CITY-ST-ZIP	certify that the information supplied w	ith this filing does not qualify	for the exe	emp	tion stated	in Section 119.07(3)(i), Florida Statutes. I further certify that the	ne information	

indicated on this arguing report or supplemental amount 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 empoyeded 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.

04/30/98

(813) 654-2273