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

PROFIT. CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

H84567 **DOCUMENT #**

(7)

PENINSULA MEDICAL ASSOCIATES, P.A.

		A 4.11 A 4.14						
BRADENTON FL 34205 BRADENTON			oress Natee ave w Non Fl 34206		1			
US		US			3. Date Incorporated or Qualified 11/04/1985		ate of Last Report 06/13/1995	
2. Principal Plac	ce of Business	2a. Mailing Address			4. FEI Number		Applied For	
21		26			59-2322344		Not Applicable	
Scite Apt. #	, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 Additional Fee Required	
City & State		City & State			Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
<i>Ζ</i> ψ	Country	Zip	Cour	ntry	8. This corporation has liability for		x under s. 199.032,	
4	25	29	30			s No	T1	
	9. Name and Address of Current	Registered Agent		81 Name	10. Name and Address of New	Hegistered /	Agent	
144441110								
KALLINS, MARC 6121 SHORE ACRES DR NW				82 Street Add	iress (P.O. Box Number is Not Accepta	ible)		
BRADEN	ITON FL 34209			83				
			ľ	84 City		FL	85 Zip Code	
SIGNATURE:	Signated Types for product run in of reaching tagent a OFFICERS AND		OT: Registered	Agent signature respir			DIRECTORS IN 12	
111.8	⁷ PD	DELFIE	111	TLF		(Change Addition	
NAMI	KALLINS, MARC		12 N/	ME				
STREET ADDRESS	6121 SHORE ACRES DR NW	ſ	1.3 ST	REET ADDRESS				
CHY-ST ZP	BRADENTON FL	FT DOLEM		IY-S1-ZIP	7 7 2		Change Addition	
1 11.6	s Jungreis, Alexander	DEFEIF	2 1 T 2 2 N	Ilt	T, V-P	ر امه ب		
NAME SALARA AS STAND	1604 PALMA SOLA BLVD			REET ADDRESS	JUNGREIS, ALE 1604 PALMA BRADENTON	~ \ m \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	BUID	
STEEL LADORESS CILY+ST-ZIP	BRADENTON FL			IY-ST-ZIP	1604 PALINA	SUL!	34209	
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STREET ADDRESS			33 \$	TREET ADDRESS	NORRIS STEVE	Ÿ, _		
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STELL LADORESS			538	TREET ADDRESS				
City St Zif			540	HTV - ST - 712				
Tille		DEFELE	6.17	TILE			Change Addition	
NAM:			621	AME				
Share LAtified SS			635	TREET 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 certify 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 18 if changed, or on an attachment with an address.

2-8-96

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SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STREET ADDRESS

 $C(T_T \circ S^* \cdot Z)^{p}$