SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT 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 JUL 24 AM 8:13

DOCUMENT # H95766 (2)

1. Corporation Name
ST. PETERSBURG MEDICAL CENTER, INC.

Principal Place of Business
1099 FIFTH AVENUE NORTH
ST PETERSBURG FL 33705

Mailing Address
1099 FIFTH AVENUE NORTH
ST PETERSBURG FL 33705

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/22/1986
3a. Date of Last Report: 04/21/1994
4. FEI Number: 59-2627877 — 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

2. Principal Place of Business — 21 — Suite, Apt. #, etc. 22 — City & State 23 — Zip 24 — Country 25
2a. Mailing Address — 26 — Suite, Apt. #, etc. 27 — City & State 28 — Zip 29 — Country 30

9. Name and Address of Current Registered Agent
BAILEY, DAVID L
1099 5TH AVE NO
ST PETERSBURG FL 33705-8419

10. Name and Address of New Registered Agent
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 ______ DATE ______

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY ST ZIP
D	MARSHALL, R H	1099 S. AVENUE, NORTH	ST. PETERSBURG FL
P	KOCH, ROBERT R., JR.	1099 S. AVENUE, NORTH	ST. PETERSBURG FL
T	~~SCHWARTZ, MICHAEL~~	~~1099 S. AVENUE, NORTH~~	~~ST. PETERSBURG FL~~
VP	~~NEWMAN, HENRY~~	~~1099 S. AVENUE, NORTH~~	~~ST. PETERSBURG FL~~
D	~~REICHERT, ROBERT A~~	~~1099 S. AVENUE, NORTH~~	~~ST. PETERSBURG FL~~
S	~~BOYD, WILLIAM~~	~~1099 S. AVENUE, NORTH~~	~~ST. PETERSBURG FL~~

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

#	Change/Addition	TITLE	NAME	STREET ADDRESS	CITY ST ZIP
1	☐ Change ☐ Addition				
2	XX Addition	D	Michael A. Franklin, M.D.	1099 - 5th Avenue North	St. Petersburg, FL 33705-1419
3	XX Change	T	Joseph A. Boulay, Jr., M.D.	1099 - 5th Avenue North	St.Petersburg, FL 33705-1419
4	[X] Change	VP	Andrea Woods, M.D.	(same address)	
5	[X] Change	D	Jonathan P. Yunis, M.D.	(same address)	
6	X[X] Change	S	Brian W. Elliott, M.D.	(same address)	

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: [signature] Robert R. Koch, Jr., M.D. 07/11/95 813/821-1221
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (3/95)

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