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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

SIGNATURE:

DOCUMENT #

1. Corporation Name

J77956

(7)

TAMPA FAMILY MEDICAL, INC.

4-26-96 (813)831-8888

FILED

May 01, 1996 08:00 AM

Secretary of State

Principal Place	of Business	Mailing Address		I 18611/18 BHH 18614 FURIU (DIRH UIJH)	Mare Meners meder, Brillet Millet Milbit Millit 1883.
4207 EL PRADO BLVD #B 4207 EL PRADO) # B		
TAMPA FL 3	0629	TAMPA FL 33629			
				Date Incorporated or Qualified 06/12/1987	3a. Date of Last Report 08/08/1995
-	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
1 Suita Ant	M. ata	26		59-2818873	Not Applicab
Suite, Apt. #, etc.		Suite, Apt #, etc.	·	5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City 8 State		Election Campaign Financing Trust Fund Contribution	S5.00 May Be Added to Fees
Zιρ	Country 25	Z(p)	Country 30	This corporation has liability for in Florida Statutes ▼ Yes	ntangible tax under s. 199.032.
	9. Name and Address of Curr		1991	10. Name and Address of New Ro	
			81 Name		
	EVELYN A.		82 Street Add	ress (P.O. Box Number is Not Acceptable	e)
4207 EL PRADO BLVD SUITE B TAMPA FL 33629			ļ		-,
			83		
IAMPAI	L 33058		84 City		85 Zip Code
I1. Pursuant t	o the provisions of Sections 607 05	02 and 607 1508 Florida Statut	as the phase pared occur	ration submits this statement for the purp	FL 65 Zip Code
or registeri	ad agon, or both, in the state of the	Juda Suuti Chanue was aumoni	ect by the corboration's boa	ration submits this statement for the purp and of directors. I hereby accept the appo	ose of changing its registered offu intment as registered agent. Larn
TENTING THE	h, and accept the obligations of, Se	ection 607.0505, Florida Statute:	3		· ·
SIGNATURE _	Signature, typed or printed have of regeteral ag-	estandine dappinatio (ta	11t. Resinfered Adout sanature research	al where ne not an a	5/67)
	Signature, typed or prided han clot registered ago OFFICERS A	estabilite (สังเครื่อยโดย (สังเครื่อยโดย (สังเครื่อยโดย (สังเครื่อยโดย (สังเครื่อยโดย (สังเครื่อยโดย (สังเครื่ NE) DIRECTORS	Ht. Respectived April a greateric respins		DATE DEBS AND DISECTORS IN 12
2.	OFFICERS A			ADDITIONS/CHANGES TO OFFIC	CERS AND DIRECTORS IN 12
I 2. ITLE	OFFICERS A P BAJSA, EVELYN A.	IND DIRECTORS	13.		CERS AND DIRECTORS IN 12
I 2. ITLE IAME	P BAJSA, EVELYN A. 4207 EL PRADO BLVD. #B	IND DIRECTORS	13.		CERS AND DIRECTORS IN 12
2. JTLE AME TREET ADDRESS ITY-SI-ZiP	OFFICERS A P BAJSA, EVELYN A.	IND DIRECTORS	13. 1 1 TITE 12 NAME		CERS AND DIRECTORS IN 12
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12. ITLE IAME TREET ADDRESS ITY - ST - Z.P ITLE AME	P BAJSA, EVELYN A. 4207 EL PRADO BLVD. #B	ND DIRECTORS	13. 1 1 TITLE 12 NAME 13 STREET ADDRESS 14 CITY - ST-ZIP		CERS AND DIRECTORS IN 12 Change Addition
12. ITLE IAME IREET ADDRESS IITY-ST-ZIP ITLE IAME ITREET ADDRESS	P BAJSA, EVELYN A. 4207 EL PRADO BLVD. #B	ND DIRECTORS	13. 1 1 TITLE 12 NAME 13 STREET ADDRESS 14 CITY - ST-ZIP 2 1 TITLE		CERS AND DIRECTORS IN 12 Change Addition
12. JILE JAME TREET ADDRESS ITY - ST - Z.P JILE AME TREET ADORESS ITY - ST - Z.P	P BAJSA, EVELYN A. 4207 EL PRADO BLVD. #B	ND DIRECTORS DELETE	13. 1 1111E 12 NAME 13 STREET ADDRESS 14 CITY_SI-ZIP 2 1 TITE 22 NAME		CERS AND DIRECTORS IN 12 Change Addition
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OR PRINTED NAME OF STAINS OFFICER OR DIRECTOR