FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

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 JUN [illegible] P.M.

DOCUMENT # **K52024** **(2)**

1. Corporation Name
TRI-CITY MEDICAL CORPORATION

Principal Place of Business	Mailing Address
15301 ROOSEVELT BLVD. SUITE 301 CLEARWATER FL 34620	15301 ROOSEVELT BLVD STE 303 CLEARWATER FL 34620 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **12/16/1988**
3a. Date of Last Report: **05/01/1994**

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

4. FEI Number: **59-2920893** ☐ 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

9. Name and Address of Current Registered Agent

ARSENAULT, KENNETH G. JR., PA
655 ULMERTON ROAD
SUITE 4-A
LARGO FL 34641

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 _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE		☐ Change ☐ Addition
NAME	JOHNDROW, HAROLD, JR.	12 NAME		
STREET ADDRESS	15301 ROOSEVELT BLVD.	13 STREET ADDRESS		
CITY ST ZIP	CLEARWATER FL	14 CITY ST ZIP		
TITLE	DP	21 TITLE		☐ Change ☐ Addition
NAME	BARODY, MICHAEL A.	22 NAME		
STREET ADDRESS	455 N. INDAIN ROCKS RD.	23 STREET ADDRESS		
CITY ST ZIP	BELLEAIR,F L	24 CITY ST ZIP		
TITLE	DVT	31 TITLE		☐ Change ☐ Addition
NAME	BUCKLES, WILLIAM G., JR.	32 NAME		
STREET ADDRESS	455 N. INDIAN ROCKS RD.	33 STREET ADDRESS		
CITY ST ZIP	BELLEAIR FL	34 CITY ST ZIP		
TITLE	D	41 TITLE		☐ Change ☐ Addition
NAME	VELTMAN, GREG	42 NAME		
STREET ADDRESS	455 N. INDIAN ROCKS RD.	43 STREET ADDRESS		
CITY ST ZIP	BELLEARI FL	44 CITY ST ZIP		
TITLE	DS	51 TITLE		☐ Change ☐ Addition
NAME	LANDT, TIM	52 NAME		
STREET ADDRESS	15301 ROOSEVELT BLVD.	53 STREET ADDRESS		
CITY ST ZIP	CLEARWATER FL	54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 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)(i), 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] 5/23/95 813-536-6499
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0967250 CP