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Feb 10 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K52024

(2)

1. Corporation Name

TRI-CITY MEDICAL CORPORATION

Principal Place of Business

455 N. INDIAN ROCKS ROAD
BELLEAIR BLUFFS FL 33770

Mailing Address

455 N. INDIAN ROCKS ROAD
BELLEAIR BLUFFS FL 33770-2014



3. Date Incorporated or Qualified

12/16/1988

3a. Date of Last Report

06/25/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ARSENAULT, KENNETH G. JR., PA
655 ULMERTON ROAD
SUITE 4-A
LARGO FL 34841

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 ☐ DELETE

NAME JOHNDRROW, HAROLD, JR.
STREET ADDRESS 455 N. INDIAN ROCKS RD.
CITY - ST - ZIP BELLEAIR BLUFFS FL 33770

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE DVPS ☐ DELETE

NAME BARODY, MICHAEL A
STREET ADDRESS 455 N. INDIAN ROCKS RD.
CITY - ST - ZIP BELLEAIR BLUFFS FL 33770

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE DPVT ☐ DELETE

NAME BUCKLES, WILLIAM G., JR.
STREET ADDRESS 455 N. INDIAN ROCKS RD.
CITY - ST - ZIP BELLEAIR BLUFFS FL 33770

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE D ☐ DELETE

NAME VELTMAN, GREG
STREET ADDRESS 455 N. INDIAN ROCKS RD.
CITY - ST - ZIP BELLEAIR FL

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE DVP ☐ DELETE

NAME LANDT, TIMOTHY L
STREET ADDRESS 455 N. INDIAN ROCKS RD.
CITY - ST - ZIP BELLEAIR BLUFFS FL 33770

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)

2/13/97 813-585-6333