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

PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:



FLORIDA DEPARTMENT OF STATE
Sondra B. Mortnam
Secretary of State
DIVISION OF CORPORATIONS

E REPORTER AND DIRECTOR PRESENTATION DE LE CONTRACTOR DE LA CONTRACTOR DE

1996

DOCUMENT # K53

K53507

(5)

INTENSIVE CARE SERVICES ASSOCIATES, P.A.

Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required City & State: Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required Fee Required \$5.00 May Be										
30 ST. PETERSBURG FL 33701 ST.	Principal Place	of Business	MaJing Address	Jing Address						
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Description		IRG Ft 33701								
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Section Sect	2. Principal Pla	rce of Business	2a. Mailing Address					1	A	pplied For
Fee Required Fee	21		26				59-2921006		N	lot Applicable
20 20 20 20 20 20 20 20	Suite, Apt #	⊭, etc					5. Certificate of Status Desired			
29 29 29 29 20 20 20 20	City & State		City & State				\$5.00 May Be			
25	23									
10, Nems end Address of New Registered Agent		h		<u></u> ⊢¬ '					ax under s	199.032,
Second Address (P.O. Box Non Best is Not Acceptable) Second Address (P.O. Box Non Best is Not Acceptable)	24									
REVERETT, PERRY B.		g. Name and Address of Curren	it negistered Agent		81	Name	IV. Name and Address of New I	pgisterou	Agein	
880 6TH STREET SOUTH 370 ST. PETERSBURG FL 33701 14	EVEDETT	DCODY P								
ST. PETERSBURG FL 33701					82	Street Ac	ldress (P.O. Box Number is Not Acceptab	ie)		
ST. PETERSBURG FL 33701 84 Cry		SINEET SOOTH			83					
### Page 1. Pursuant to the provisions of Sections 637.0502 and 1001 1008, Florids Statutes the above named composition submits the statument for the purpose of changing like registered office or egistered agreed or both, in the State of Florids Sich chunge was authorized by the composition's blood of directors. Thereby accept the approximent as registered office or egistered or e		DSBLIDG EL 33701								
1. Pressent to the processors of Soctions GD7 (Solz) and ED7 (Solz) Florida Statuties, the above named corporation submist this statement for the purpose of changing the processor of the purpose of changing the purpose of	OI. I LIL	MODONO I E 35701			84	City		EI	85 Zp	Code
or registered against or both, in this State of Horish Such dange was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am tumber with an at accept the obligation as of Sciobn 607 40036, foreign state that are the state of the state o	11 Pursuant t	a the provisions of Sections 607 0500	2 and 607 1508. Florida Stat	utes the ab	OVE	l named corr	oration submits this statement for the nur	nose of ch	anging its re	eaistered office
12	or register	ed agent, or both, in the State of Flori	ida. Such change was autho-	rized by the	cort)	oration's b	oard of directors. I hereby accept the appo	intment as	s registered	agent. I am
12.	tamiliar wit	in, and accept the obligations of, Sect	tion 607.0505, Fiorida Statut	es						
13. ADDITIONS'O LANGES TO OFFICERS AND DIRECTORS IN 12 THE		Successive Paractical English Data. Of transferral age.	ter litteritasini alter (TaCilit - Fire historic	d Asse	1.5 abetate teat	mess I witness remosibatorisos	DATE.		
Title									D DIRECTOR	RS IN 12
SHELL ALDRESS ST. PETERSBURG PL		P	DELETE	1 1	TITLE	T			Change	Addition
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ST. PETERSBURG FL	NAMe	Saltiel, Albert		221	MAW					
TITLE	STREET ACORESS	880 6TH ST S. STE 370		235		ADDRESS				
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### Addition	hAM:			42!	NAME:					
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