

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

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # L06612

(0)

1. Corporation Name

JAMES C. ETHERIDGE, M.D., P.A.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB -3 AM 9:17

Principal Place of Business

Mailing Address

3000 MEDICAL PARK DRIVE, SUITE 113
TAMPA FL 33613

3000 MEDICAL PARK DRIVE, SUITE 113
TAMPA FL 33613

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

3a. Date of Last Report

07/27/1989

05/01/1994

4. FEI Number

59-2966279

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 13615 Bruce B. Downs Blvd.

13615 Bruce B. Downs Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 113

27 Suite 113.

City & State

City & State

23 Tampa, FL

28 Tampa, FL

Zip

Country

Zip

Country

24 33613

25 Hills.

29 33613

30 Hills

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

10. Name and Address of New Registered Agent

ETHERIDGE, JAMES C.
3000 MEDICAL PARK DRIVE, SUITE 113
TAMPA FL 33613

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

13615 Bruce B. Downs Blvd., Suite 113

83

84 City

Tampa

FL

85 Zip Code

33613

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 James C. Etheridge, M.D.

James C. Etheridge, M.D.

1/31/95

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PST
NAME	ETHERIDGE, JAMES C.
STREET ADDRESS	3000 MEDICAL PARK DR 113
CITY- ST- ZIP	TAMPA FL
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	Etheridge, James C.
1.3 STREET ADDRESS	13615 Bruce B. Downs Blvd., Ste 113
1.4 CITY- ST- ZIP	Tampa, FL 33613
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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)(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 this 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: James C. Etheridge, M.D.

1/31/95

(813)971-9850

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(KeyWord) Texas #