

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

DOCUMENT # L14199

(8)

1. Corporation Name

RICHEY MEDICAL CENTER II, P.A.

FILED
95 JAN 25 PM 2:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

RICHEY MEDICAL CENTER II, PA
5341 GRAND BOULEVARD
NEW PORT RICHEY FL 34652
US

Mailing Address

RICHEY MEDICAL CENTER II, PA
5341 GRAND BOULEVARD
NEW PORT RICHEY FL 34652
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/07/1989

3a. Date of Last Report

03/22/1994

4. FEI Number

59-2962641

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

2. Principal Place of Business

21 ☐ Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 ☐ Suite, Apt. #, etc.

27 City & State

28 Zip Country

9. Name and Address of Current Registered Agent

W. H. BROADFIELD, JR., M.D.
5341 GRAND BLVD.
NEW PORT RICHEY FL 34652

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 re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D**
NAME **WILLIAMS, HARRISON D.**
STREET ADDRESS **5341 GRAND BLVD.**
CITY-ST-ZIP **NEW PORT RICHEY FL**

TITLE **D**
NAME **SCHYLER, ARTHUR M.**
STREET ADDRESS **5341 GRAND BLVD.**
CITY-ST-ZIP **NEW PORT RICHEY FL**

TITLE **D**
NAME **SMITH, PHILIP A.**
STREET ADDRESS **5341 GRAND BLVD.**
CITY-ST-ZIP **NEW PORT RICHEY FL**

TITLE **D**
NAME **GONZALEZ, PAUL A.**
STREET ADDRESS **5341 GRAND BLVD.**
CITY-ST-ZIP **NEW PORT RICHEY FL**

TITLE **D**
NAME **BROADFIELD, WARD H., JR.**
STREET ADDRESS **5341 GRAND BLVD.**
CITY-ST-ZIP **NEW PORT RICHEY FL**

TITLE **D**
NAME **HUFFMAN, S L**
STREET ADDRESS **5341 GRAND BLVD.**
CITY-ST-ZIP **NEW PORT RICHEY FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

W. H. BROADFIELD, JR., MD
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-11-95

(813) 848-3439