

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 20 AM 11:01

DOCUMENT # L59211**(7)**

1. Corporation Name

THOMAS J. WIMBROW, M.D., P.A.

Principal Place of Business

**706 W. PLATT STREET
TAMPA FL 33606**

Mailing Address

**706 W. PLATT STREET
TAMPA FL 33606**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

03/12/1990

3a. Date of Last Report

04/29/1994

4. FEI Number

59-2991951

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**9. This corporation has liability for intangible tax under Ch. 193.002,
Florida Statutes☐

Yes

☐

No

2. Principal Place of Business

21 701 West Platt St.

Suite, Apt. #, etc.

22

City & State

23

Zip

24

Country

25

2a. Mailing Address

26 701 West Platt St.

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

9. Name and Address of Current Registered Agent

**WIMBROW, THOMAS J.
706 WEST PLATT STREET
TAMPA FL 33606**

10. Name and Address of New Registered Agent

81 Name

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

701 West Platt Street

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
NAME
STREET ADDRESS
CITY - ST - ZIP**P
WIMBROW, THOMAS J.
706 W. PLATT STREET
TAMPA 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**701 West Platt Street**☐ Change ☐ Addition2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP☐ Change ☐ Addition3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP☐ Change ☐ Addition4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP☐ Change ☐ Addition5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP☐ Change ☐ Addition6.1 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 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 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:

Thomas Wim
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Thomas Wimbrow, M.D., P.A.

(Date)

(Typed Name)