


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Feb 28 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 # L83499 (8) 1. Corporation Name BARBARA A. RUSSELL, M.D., P.A.																																																															
Principal Place of Business 3000 MEDICAL PARK DR. STE. 103 TAMPA FL 33613 US		Mailing Address 3000 MEDICAL PARK DR. STE. 103 TAMPA FL 33613-4685 US																																																													
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 <i>3000 Medi Sam</i> 27 Suite, Apt. #, etc. 28 City & State 29 Zip Country 30																																																													
3. Date Incorporated or Qualified 06/25/1990		3a. Date of Last Report 09/23/1996																																																													
4. FEI Number 59-3006280		Applied For Not Applicable																																																													
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required																																																													
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees																																																													
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																																																															
9. Name and Address of Current Registered Agent RUSSELL, BARBARA A 3000 MEDICAL PARK DRIVE SUITE 103 TAMPA FL 33613		10. Name and Address of New Registered Agent 81 Name BARBARA A RUSSELL MD PA 82 Street Address (P.O. Box Number is Not Acceptable) 3000 Medical Park Dr. # 103 83 SUITE 103 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: <i>B. A. Russell</i> DATE: 2/24/97 <small>(NOTE: Registered Agent signature required when reinstating)</small>																																																															
12. OFFICERS AND DIRECTORS <table border="1"> <tr> <td>TITLE</td> <td>P</td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td>RUSSELL, BARBARA A.</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>3000 MEDICAL PARK DR 103</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>TAMPA FL 33613</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>				TITLE	P	<input type="checkbox"/> DELETE	NAME	RUSSELL, BARBARA A.		STREET ADDRESS	3000 MEDICAL PARK DR 103		CITY-ST-ZIP	TAMPA FL 33613		TITLE		<input type="checkbox"/> DELETE	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> DELETE	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> DELETE	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> DELETE	NAME			STREET ADDRESS			CITY-ST-ZIP		
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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: <i>B. A. Russell</i> <i>President</i> DATE: 2/24/97 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																																																															



CR2E034 (9/96)