

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **M79073** (6)

1. Corporation Name  
**JOHN J. CARTHY, M.D., P.A.**



Principal Place of Business: **2809 W. WATERS AVE TAMPA FL 33614-1852 US**  
Mailing Address: **2809 W. WATERS AVE TAMPA FL 33614-1852 US**

3. Date Incorporated or Qualified: **05/03/1988**  
3a. Date of Last Report: **01/31/1995**

2. Principal Place of Business (21-24) and 2a. Mailing Address (26-30) fields with sub-sections for Suite, City & State, and Zip/Country.

4. FEI Number: **59-2888614**  
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**

**MCMULLEN, CAROLYN V.  
2811 W. WATERS AVENUE  
TAMPA FL 33614**

81 Name: **JOHN J CARTHY**  
82 Street Address (P.O. Box Number is Not Acceptable): **2809 W. WATERS AVE**  
83  
84 City: **TAMPA** FL 85 Zip Code: **33614**

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]* **JOHN J. CARTHY M.D.** DATE: **2/29/96**

**12. OFFICERS AND DIRECTORS**

TITLE	<b>PVT</b>	<input type="checkbox"/> DELETE
NAME	<b>CARTHY, JOHN J.</b>	
STREET ADDRESS	<b>2809 W. WATERS AVENUE</b>	
CITY-ST-ZIP	<b>TAMPA FL</b>	
TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>CARTHY, HIROKO N.</b>	
STREET ADDRESS	<b>2809 W. WATERS AVE.</b>	
CITY-ST-ZIP	<b>TAMPA FL</b>	
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		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
2 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
3 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
4 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
5 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
6 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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 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, as an attachment with an address.

SIGNATURE: *[Signature]* **JOHN J. CARTHY PRES** DATE: **2/29/96** DAYTIME PHONE #: **813 9321151**

CR2E034 (12/95)