

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N51297 (2)

1. Corporation Name

SERTOMA HEALTH PROFESSIONALS OF TAMPA, INC.



Principal Place of Business

3511 OBISPO ST.
TAMPA FL 33629
US

Mailing Address

3511 OBISPO ST.
TAMPA FL 33629
US

3. Date Incorporated or Qualified
10/10/1992

3a. Date of Last Report
01/30/1995

2. Principal Place of Business

21. 5830 Memorial Hwy
Suite, Apt., etc.
324

2a. Mailing Address

26. 5830 Memorial Hwy
Suite, Apt., etc.
324

4. FEI Number

59-3150477

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

23. City & State

Tampa, FL

28. City & State

Tampa, FL

24. Zip

33615

Country

USA

29. Zip

33615

Country

USA

9. Name and Address of Current Registered Agent

HOWTON, KATHRYN A
3511 OBISPO ST
TAMPA FL 33629

10. Name and Address of New Registered Agent

81. Name

STEVEN R. GORDON

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

5830 Memorial Hwy # 324

83.

84. City

Tampa

FL

85. Zip Code

33615

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, 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 617.0503, Florida Statutes.

SIGNATURE

Steven R. Gordon

(NOTE: Registered Agent signature required when reinstating)

2-7-96

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME AMUSO, PHILIP T.
STREET ADDRESS 3418 HUNTERS RUN LANE
CITY-ST-ZIP TAMPA FL

TITLE D ☐ DELETE
NAME CURTIS, PAM
STREET ADDRESS 2502-B W. TEXAS AVENUE
CITY-ST-ZIP TAMPA FL

TITLE CD ☐ DELETE
NAME CHMIELEWSKI, THOMAS
STREET ADDRESS 2908 ESTRELLA STRET
CITY-ST-ZIP TAMPA FL

TITLE T ☒ DELETE
NAME HOWTON, KATHRYN A
STREET ADDRESS 3511 OBISPO ST
CITY-ST-ZIP TAMPA FL

TITLE P ☐ DELETE
NAME STAUB, LIZ
STREET ADDRESS 8402 CALADESI ISL DR.
CITY-ST-ZIP TEMPLE TERRACE FL

TITLE T ☐ DELETE
NAME STEVEN R. GORDON
STREET ADDRESS 5830 Memorial Hwy #324
CITY-ST-ZIP Tampa, FL 33615

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1996

1.1 TITLE T ☒ Change ☒ Addition
1.2 NAME STEVEN R. GORDON
1.3 STREET ADDRESS 5830 Memorial Hwy
1.4 CITY-ST-ZIP TAMPA, FL. 33615

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 the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Steven R. Gordon

2-7-96

Date

813-249-9913

Daytime Phone #

CR2E037 (12/95)