FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR -8 PM 3:16

DOCUMENT # N93000003864 (6)

1. Corporation Name

TOWN & COUNTRY PHYSICIAN-HOSPITAL ORGANIZATION, INC.

Principal Place of Business	Mailing Address
6001 WEBB RD. TAMPA FL 33615-3291	6001 WEBB RD. TAMPA FL 33615-3291

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/26/1993
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-3204857 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21) | 2a. Mailing Address (25)
Suite, Apt. #, etc. (22) | Suite, Apt. #, etc. (27)
City & State (23) | City & State (28)
Zip (24) Country (25) | Zip (29) Country (30)

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

JACK DUSENBERY
6001 WEBB ROAD
TAMPA FL 33615

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE	D	☐ Change ☒ Addition
NAME	VALDES, RUBEN D	1.2 NAME	Michael Binder, MD	
STREET ADDRESS	6001 WEBB ROAD	1.3 STREET ADDRESS	14499 N. Dale Mabry, Suite 180	
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP	Tampa FL 33618	
TITLE	VP D	2.1 TITLE	D	☐ Change ☒ Addition
NAME	BERNAL, HERNANDO M	2.2 NAME	Ramon Garcia	
STREET ADDRESS	6001 WEBB ROAD	2.3 STREET ADDRESS	8313 W. Hillsborough, Bldg 1-3	
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP	Tampa FL 33615	
TITLE	D	3.1 TITLE	D	☐ Change ☒ Addition
NAME	SANTAYANA, RICARDO M	3.2 NAME	Cres Rodriguez, MD	
STREET ADDRESS	6001 WEBB ROAD	3.3 STREET ADDRESS	4332 W. Waters Ave, Suite 103	
CITY-ST-ZIP	TAMPA FL	3.4 CITY-ST-ZIP	Tampa FL 33614	
TITLE	D	4.1 TITLE	O	☐ Change ☒ Addition
NAME	COLON, JOSE M	4.2 NAME	Jack Dusenbery	
STREET ADDRESS	6001 WEBB ROAD	4.3 STREET ADDRESS	6001 Webb Rd.	
CITY-ST-ZIP	TAMPA FL	4.4 CITY-ST-ZIP	Tampa, FL 33615-3291	
TITLE	D	5.1 TITLE	O	☐ Change ☒ Addition
NAME	GOMEZ, FRANCISCO M	5.2 NAME	John Mainieri	
STREET ADDRESS	6001 WEBB ROAD	5.3 STREET ADDRESS	6001 Webb Rd.	
CITY-ST-ZIP	TAMPA FL	5.4 CITY-ST-ZIP	Tampa FL 33615-3291	
TITLE	D	6.1 TITLE		☐ Change ☐ Addition
NAME	VEGA, ANGEL M	6.2 NAME		
STREET ADDRESS	6001 WEBB ROAD	6.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL	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)(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Jack Dusenbery 3/13/95 (813)882-7159
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0084330