

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 # N93000004470 (1)

1. Corporation Name

GENERAL PHYSICIAN ASSOCIATES, INC.

Principal Place of Business

Mailing Address

2323 CURLEW RD
SUITE 7E
PALM HARBOR FL 34683

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SUITE 7E
PALM HARBOR FL 34683



3. Date Incorporated or Qualified
09/24/1993

3a. Date of Last Report
08/24/1995

4. FEI Number
59-3205799

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

2. Principal Place of Business

2a. Mailing Address

21 2809 W. Waters Av.

26 2809 W. Waters Av.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

23 Tampa, FL

28 Tampa, FL

Zip

Country

Zip

Country

24 33614

25 USA

29 33614

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CARTHY, JOHN J MD
2809 W WATERS AVE
SUITE 7E
TAMPA FL 33614

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 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, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME CARTHY, JOHN J MD
STREET ADDRESS 2809 W WATERS AVE
CITY-STATE-ZIP TAMPA FL ☐ DELETE

11 TITLE PVSTD
12 NAME ☒ Change ☐ Addition
13 STREET ADDRESS
14 CITY-STATE-ZIP ☐ Change ☐ Addition

TITLE VSD
NAME ROSENTHAL TODD
STREET ADDRESS 8004 N ARMENIA AVE
CITY-STATE-ZIP TAMPA FL 33604 ☒ DELETE

21 TITLE
22 NAME ☐ Change ☐ Addition
23 STREET ADDRESS
24 CITY-STATE-ZIP ☐ Change ☐ Addition

TITLE TD
NAME ADAMS, GEORGE
STREET ADDRESS 11212 N DALE MABRY
CITY-STATE-ZIP TAMPA FL 33618 ☒ DELETE

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-STATE-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ DELETE

41 TITLE
42 NAME HIROKO N. CARTHY
43 STREET ADDRESS 4206 WOODMERE RD
44 CITY-STATE-ZIP TAMPA, FL 33609 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ DELETE

51 TITLE
52 NAME LEE M. RUBIN
53 STREET ADDRESS 610 W. DELEON ST
54 CITY-STATE-ZIP TAMPA, FL 33606 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ DELETE

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY-STATE-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

Date

Daytime Phone #

CR2E037 (12/95)