**FILE NOW: FILING FEE AFTER MAY 1 IS $150.00**

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 19 AM 8:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N93000005212 (6)

1. Corporation Name
PRIVATE PRACTICE ASSOCIATION OF GREATER TAMPA BAY, INC.

DO NOT WRITE IN THIS SPACE

| Principal Place of Business | Mailing Address |
|---|---|
| 21809 S.R. 54<br>LUTZ FL 33549 | 21809 S.R. 54<br>LUTZ FL 33549 |

3. Date Incorporated or Qualified: 11/18/1993
3a. Date of Last Report: 09/11/1994
4. FEI Number: 59-3212594 ☐ 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
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

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 | 26 |
| Suite, Apt. #, etc.<br>22 | Suite, Apt. #, etc.<br>27 |
| City & State<br>23 | City & State<br>28 |
| Zip / Country<br>24 / 25 | Zip / Country<br>29 / 30 |

9. Name and Address of Current Registered Agent

WATTS, KENNETH R. (M.
407 N. PARSONS AVENUE
SUITE 103-B
BRANDON FL 33510

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 1806 MAIN ST.
83
84 City: Valrico FL 85 Zip Code: 33594

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 o 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 a familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: [signature] 4/7/95
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 | 1.1 TITLE | | ☒ Change ☐ Ad |
| NAME | WATTS, KENNETH R. | 1.2 NAME | WATTS, Kenneth R. | |
| STREET ADDRESS | 407 N. PARSONS AVENUE, SUITE 103-B | 1.3 STREET ADDRESS | 1806 Main St | |
| CITY-ST-ZIP | BRANDON FL | 1.4 CITY-ST-ZIP | Valrico Fl 33594 | |
| TITLE | PD | 2.1 TITLE | | ☐ Change ☐ Addi |
| NAME | ROWEN, CANDI M. | 2.2 NAME | | |
| STREET ADDRESS | 16120 N. FLORIDA AVENUE | 2.3 STREET ADDRESS | | |
| CITY-ST-ZIP | LUTZ FL | 2.4 CITY-ST-ZIP | | |
| TITLE | SD | 3.1 TITLE | | ☐ Change ☐ Additio |
| NAME | UPCAVAGE, ANN L. | 3.2 NAME | | |
| STREET ADDRESS | 8001 N. DALE MABRY HWY., SUITE 6010 | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | TAMPA FL | 3.4 CITY-ST-ZIP | | |
| TITLE | TD | 4.1 TITLE | | ☐ Change ☐ Addition |
| NAME | ROWEN, CANDI M. | 4.2 NAME | | |
| STREET ADDRESS | 16120 N. FLORIDA AVENUE | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | LUTZ FL | 4.4 CITY-ST-ZIP | | |
| TITLE | D | 5.1 TITLE | | ☐ Change ☐ Addition |
| NAME | KASSED, MARVIN | 5.2 NAME | | |
| STREET ADDRESS | 5510 RIVER ROAD, SUITE 101 | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | NEW PORT RICHEY FL | 5.4 CITY-ST-ZIP | | |
| TITLE | D | 6.1 TITLE | | ☐ Change ☐ Addition |
| NAME | KASTNER, GEORGE D. | 6.2 NAME | | |
| STREET ADDRESS | 13701 BRUCE B. DOWNS, SUITE 110 | 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: ANN L. UPCAVAGE - Ann L. Upcavage 3/24/95 (813)932-1560
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Area Code & Phone #