

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 # N94000000380 (5)

1. Corporation Name

~~FLORIDA WEST COAST PHYSICIANS ALLIANCE, INC.~~
THE PINELLAS PHYSICIANS ALLIANCE, INC.

Principal Place of Business

Mailing Address

700 SEVENTH AVENUE NORTH
ST. PETERSBURG FL 33701
ADMINISTRATION
CSPMO
6500 38th Ave. North

700 SEVENTH AVENUE NORTH
ST. PETERSBURG FL 33701



3. Date Incorporated or Qualified
01/18/1994

3a. Date of Last Report
08/14/1995

4. FEI Number

79-3205345 59-3253457

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 Admin. office

26 Admin. office

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 6500 38th Ave. North

27 6500 38th Ave. North

City & State

City & State

23 St. Petersburg, FL

28 St. Petersburg, FL

Zip

Country

Zip

Country

24 33710

25

29 33710

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FISHER, JOHN H II
7
207 N. FRANKLIN STREET
STE. 2100
TAMPA FL 33710

81 Name

T. D. HAWKINS, CPA

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

10658 Seminole Blvd

83

84 City

Seminole

FL

85 Zip Code

33648

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

T. D. Hawkins, CPA

3/21/96

Signature, typed or printed name of registered agent and date it applies to.

(NOTE: Registered Agent Signature required when reinstating.)

Date

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETED
	B			<input checked="" type="checkbox"/>
	SCHNEIDER, AARON	700 SEVENTH AVE. NORTH	ST. PETERSBURG FL 33701	
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETED
	D			<input type="checkbox"/>
	CHANDARANA, HIMANSHU	3116 66TH STREET NORTH	ST. PETERSBURG FL 33701	
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETED
	KATZ			<input checked="" type="checkbox"/>
	ALLAN	6449 38TH AVE. NORTH	ST. PETERSBURG FL 33710	
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETED
				<input type="checkbox"/>
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETED
				<input type="checkbox"/>
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETED
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
	PRESIDENT D			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	DR. Freddy Camuzzi, MD	6500 38th Ave. North	ST. PETERSBURG FL 33710		
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	Change	Addition
	VICE PRESIDENT			<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Himanshu Chandarana, MD	6500 38th Ave. North	ST. PETERSBURG, FL 33710		
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	Change	Addition
	TREASURER			<input type="checkbox"/>	<input checked="" type="checkbox"/>
	BART NATOLI, MD	6500 38th Ave. North	ST. PETERSBURG, FL 33710		
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	Change	Addition
	600001868718			<input type="checkbox"/>	<input type="checkbox"/>
	-06/20/96--01019--005				
	***61.25				
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>

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:

Bartholomew Flou... 3/24/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Bartholomew Flou... TREASURER

Date

Daytime Phone #

CR2E037 (12/95)