

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 # N94000002948 (7)

1. Corporation Name

THE CENTER OF TAMPA, INC.



Principal Place of Business

4610 CENTRAL AVE.
TAMPA FL 33603

Mailing Address

4610 CENTRAL AVE.
TAMPA FL 33603

3. Date Incorporated or Qualified
06/09/1994

3a. Date of Last Report
05/26/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-3249057

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DUFOUR, GEORGE A
4610 CENTRAL AVE.
TAMPA FL 33603

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 D
NAME LINDEN, CRAIG M.D.
STREET ADDRESS 3301 BAYSHORE BLVD., #1408
CITY-ST-ZIP TAMPA FL 33629 ☐ DELETE

1.1 TITLE D
1.2 NAME Becatti, Lance
1.3 STREET ADDRESS 201 W. Laurel St #203
1.4 CITY-ST-ZIP Tampa, FL 33602 ☐ Change ☒ Addition

TITLE D
NAME HALLGREN, LINDA
STREET ADDRESS 2531 VICTARRA CIRCLE
CITY-ST-ZIP LUTZ FL 33549 ☐ DELETE

2.1 TITLE D
2.2 NAME Dalemascolo, Kym
2.3 STREET ADDRESS 2413 Bayshore Bl #1202
2.4 CITY-ST-ZIP Tampa, FL 33629 ☐ Change ☒ Addition

TITLE D
NAME SMITH, GARY
STREET ADDRESS 7713 N. OLA AVE.
CITY-ST-ZIP TAMPA FL 33604 ☒ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME FRARY, TODD
STREET ADDRESS 3806 N. OAK DR., #V-52
CITY-ST-ZIP TAMPA FL 33611 ☒ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME PUIG, MARK
STREET ADDRESS 3717 SAN LUIS ST.
CITY-ST-ZIP TAMPA FL 33629 ☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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:

Craig Linden MD
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/96
Date

813-839-7048
Daytime Phone #

CR2E037 (12/95)