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

APPROVED AND FILED
95 APR 24 AM 8:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94000003321 (6)

1. Corporation Name

TAMPA BAY PULMONARY & CRITICAL CARE NETWORK, INC

Principal Place of Business	Mailing Address
2323 CURLEW ROAD, SUITE 7E PALM HARBOR FL 34683	2323 CURLEW ROAD, SUITE 7E PALM HARBOR FL 34683

DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified: 06/30/1994
3a. Date of Last Report:
4. FEI Number: 59-3258352 — 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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
ABERNATHY, J. MARK 2323 CURLEW ROAD, SUITE 7E PALM HARBOR FL 34683	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 ______ 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	1.1 TITLE	P/D Stephen Kreitzer ☒ Change ☐ Addition
NAME	KREITZER, STEPHEN M.D.	1.2 NAME	
STREET ADDRESS	2919 SWANN AVENUE	1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33609	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	V/S/D ☒ Change ☐ Addition
NAME	GIRALDO, HERNAN M.D.	2.2 NAME	DUNN, LEONARD M.D.
STREET ADDRESS	6101 WEBB ROAD, #208	2.3 STREET ADDRESS	601 Main St. 5th Floor
CITY-ST-ZIP	TAMPA FL 33615	2.4 CITY-ST-ZIP	Dunedin, FL 34698
TITLE	D	3.1 TITLE	T/D ☒ Change ☐ Addition
NAME	SEEMAN, MICHAEL M.D.	3.2 NAME	
STREET ADDRESS	2210 61ST ST. WEST	3.3 STREET ADDRESS	
CITY-ST-ZIP	BRADENTON FL 34209	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	AMIN, DEVENDRA M.D.	4.2 NAME	
STREET ADDRESS	1013 LOTUS PATH	4.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL 34616	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	POWELL, RICHARD S M.D.	5.2 NAME	
STREET ADDRESS	910 OAKFIELD DRIVE, #102	5.3 STREET ADDRESS	
CITY-ST-ZIP	BRANDON FL 33511	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	GREENSPAN, GARY M.D.	6.2 NAME	
STREET ADDRESS	601 MAIN STREET, 5TH FLOOR	6.3 STREET ADDRESS	
CITY-ST-ZIP	DUNEDIN FL 34698	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)(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: Stephen Kreitzer — 9Apr95 — 813-879-7720

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: Stephen Kreitzer, MD, President — Date — 813 879-7720

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SECTION 12. CONTINUED:

OFFICERS AND DIRECTORS:

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GIRALDO, HERNAN, M.D.
6101 WEBB ROAD, #208
TAMPA, FL 33615