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Jun 19 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Morton Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N95000000461 (2)**
1. Corporation Name

BAY AREA OTOLARYNGOLOGY INDEPENDENT PRACTICE ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**2323 CURLEW ROAD
SUITE 7E
PALM HARBOR FL 34683**

**2323 CURLEW ROAD
SUITE 7E
PALM HARBOR FL 34683-6832**

3. Date Incorporated or Qualified
01/19/1995

3a. Date of Last Report
07/03/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24 **25** **29** **30**

4. FEI Number
59-3297493

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

**ABERNATHY, J M
2323 CURLEW ROAD
SUITE 7E
PALM HARBOR FL 34683**

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5 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** ☐ DELETE
NAME **GOODMAN, ARNOLD**
STREET ADDRESS **3450 E. FLETCHER AVE. #120-D**
CITY-ST-ZIP **TAMPA FL 33613**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **SVD** ☒ DELETE
NAME **HILL, DAVID D**
STREET ADDRESS **360 SIXTH STREET SOUTH**
CITY-ST-ZIP **ST. PETERSBURG FL 33701**

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME **V.D. Michael Jasin**
2.3 STREET ADDRESS **13801 B.G. DOWNS, #304**
2.4 CITY-ST-ZIP **Tampa, Fla 33613**

TITLE **TD** ☐ DELETE
NAME **BARNA, JAMES**
STREET ADDRESS **3251 MCMULLEN BOOTH RD. #303**
CITY-ST-ZIP **CLEARWATER FL 34621**

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

14. I do hereby certify that the information supplied with this filing 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 file 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:

3/1/97

812-922-2852

CR2E037 (9/96)