

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 17 PM 2:19

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # P92000014347 (8)

1. Corporation Name

FLORIDA MEDICAL QUALITY ASSURANCE, INC.

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **12/28/1992** 3a. Date of Last Report **04/26/1994**

4. FEI Number **59-3155017** 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. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.

22. City & State 27. City & State

23. Zip Country 28. Zip Country

24. Zip Country 25. Zip Country 29. Zip Country 30. Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BARNETT, JENNIFER
1211 N WESTSHORE BLVD
SUITE 605
TAMPA FL 33607**

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 reconstituting)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P**
NAME **BARNETT, JENNIFER**
STREET ADDRESS **1211 N WESTSHORE BLVD SUITE 605**
CITY - ST - ZIP **TAMPA FL**

1. TITLE **P/Asst.** ☒ Change ☐ Addition
2. NAME **Barnett, Jennifer**
3. STREET ADDRESS **1211 N Westshore Blvd, Ste 605**
4. CITY - ST - ZIP **Tampa, FL 33607**

TITLE **C**
NAME **TURKEL, ROBERT**
STREET ADDRESS **1211 N WESTSHORE BLVD SUITE 605**
CITY - ST - ZIP **TAMPA FL**

2. TITLE **C** ☒ Change ☐ Addition
2. NAME **Branch, William**
3. STREET ADDRESS **1211 N Westshore Blvd, Ste 605**
4. CITY - ST - ZIP **Tampa, FL 33607**

TITLE **VC**
NAME **HODES, RICHARD**
STREET ADDRESS **1211 N WESTSHORE BLVD SUITE 605**
CITY - ST - ZIP **TAMPA FL**

3. TITLE ☐ Change ☐ Addition
3. NAME
3. STREET ADDRESS
4. CITY - ST - ZIP

TITLE **S**
NAME **OLLER, ROBERT**
STREET ADDRESS **1211 N WESTSHORE BLVD SUITE 605**
CITY - ST - ZIP **TAMPA FL**

4. TITLE **T** ☒ Change ☐ Addition
4. NAME **Oller, Robert**
4. STREET ADDRESS **1211 N Westshore Blvd, Suite 605**
4. CITY - ST - ZIP **Tampa, FL 33607**

TITLE **T**
NAME **BRANCH, WILLIAM**
STREET ADDRESS **1211 N WESTSHORE BLVD SUITE 605**
CITY - ST - ZIP **TAMPA FL**

5. TITLE **S** ☒ Change ☐ Addition
5. NAME **LoCicero, Felix**
5. STREET ADDRESS **1211 N Westshore Blvd, Suite 605**
5. CITY - ST - ZIP **Tampa, FL 33607**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

6. TITLE **ASST.** ☐ Change ☒ Addition
6. NAME **Lindsey, H. Terrell**
6. STREET ADDRESS **1 Perimeter Park South, Suite 200 North**
6. CITY - ST - ZIP **Birmingham, AL 35243**

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

J Barnett
CORPORATION AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
J Barnett, President/CEO

3/20/95

(813)281-9024