

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

PROFIT
CORPORATION
ANNUAL REPORT



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

1996

5-1-96

5676

DOCUMENT # P93000013176 (1)

1. Corporation Name

MBLS EMERGENCY PHYSICIANS, P.A.



Principal Place of Business

% 1200 SEVENTH AVENUE NORTH
ST. PETERSBURG FL 33705

Mailing Address

% 1200 SEVENTH AVENUE NORTH
ST. PETERSBURG FL 33705

3. Date Incorporated or Qualified

02/19/1993

3a. Date of Last Report

08/03/1995

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

3460 Forelock Road

Suite, Apt. #, etc.

27

City & State

28

Tarpon Springs, FL

Zip

29

34609

Country

30

4. FEI Number

59-3165802

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

MOUNTCASTLE, DANIEL J
1200 SEVENTH AVENUE NORTH
ST. PETERSBURG FL 33705

81 Name

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

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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 fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D

LONG, DAVID A
1200 SEVENTH AVE N
ST PETERSBURG FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D

BRADLEY, TERESA
1200 SEVENTH AVE N
ST PETERSBURG FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D

MOUNTCASTLE, DANIEL J
1200 SEVENTH AVE N
ST PETERSBURG FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D

SMITH, MICHAEL
1200 SEVENTH AVE N
ST PETERSBURG FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

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

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

SIGNATURE:

R. Michael Smith
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/96
Date

Daytime Phone #

CR2E034 (12/95)