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Apr 08 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P93000015601 (6)

1. Corporation Name

BRANDON MEDICAL PLAZA, INC.



Principal Place of Business

3450 EAST FLETCHER AVENUE  
SUITE 130  
TAMPA FL 33613

Mailing Address

3450 EAST FLETCHER AVENUE  
SUITE 130  
TAMPA FL 33613-4603

3. Date Incorporated or Qualified  
03/02/1993

3a. Date of Last Report  
07/25/1996

2. Principal Place of Business

21 1004 Washington Street

Suite, Apt. #, etc.

2a. Mailing Address

26 1004 Washington St

Suite, Apt. #, etc.

4. FEI Number

59-3183949

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

22 City & State

23 Hollywood FL

27 City & State

28 Hollywood FL

24 Zip

33015

Country

25 USA

29 Zip

33015

Country

30 USA

9. Name and Address of Current Registered Agent

LOBEL, DOUGLAS J  
3450 EAST FLETCHER AVENUE  
SUITE 130  
TAMPA FL 33613

10. Name and Address of New Registered Agent

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

TITLE P ☐ DELETE

NAME LOBEL, DOUGLAS J  
STREET ADDRESS 3450 EAST FLETCHER AVENUE SUITE 130  
CITY-ST-ZIP TAMPA FL 33613

TITLE ST ☐ DELETE

NAME LOWRY, ROBERT P  
STREET ADDRESS 21110 BISCAYNE BLVD., SUITE 100  
CITY-ST-ZIP AVENTURA FL 33180

TITLE V ☐ DELETE

NAME CANDULLO, SAMMIE A  
STREET ADDRESS 3450 EAST FLETCHER AVENUE SUITE 130  
CITY-ST-ZIP TAMPA FL 33613

TITLE V ☐ DELETE

NAME LOWRY, ROBERT P  
STREET ADDRESS 21110 BISCAYNE BLVD., SUITE 100  
CITY-ST-ZIP AVENTURA FL 33180

TITLE V ☐ DELETE

NAME LOWRY, ROBERT L  
STREET ADDRESS 3450 EAST FLETCHER AVENUE SUITE 130  
CITY-ST-ZIP TAMPA FL 33613

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 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 execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)