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 MAY -1 AM 10:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000027554 (3)

1. Corporation Name

FIRST FLORIDA MEDICAL, INC.

Principal Place of Business	Mailing Address
3100 6 ST SO. STE 101 ST. PETERSBURG FL 33705 US	3100 6 ST SO. 3370501 ST. PETERSBURG FL 33705 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 ____ 2a. Mailing Address 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: 04/12/1993
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-3176337 ☐ 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

LEE, JOHN F M.D.
715 12TH STREET NORTH
ST. PETERSBURG FL 33705

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	D
NAME	KILLINEN, JOHN R
STREET ADDRESS	400 15TH STREET NORTH
CITY-ST-ZIP	ST. PETERSBURG FL
TITLE	D
NAME	BACKE, JOHN C
STREET ADDRESS	1201 5TH AVENUE NORTH
CITY-ST-ZIP	ST. PETERSBURG FL
TITLE	D
NAME	BRAMLET, DALE G
STREET ADDRESS	4600 4TH STREET NORTH
CITY-ST-ZIP	ST. PETERSBURG FL
TITLE	D
NAME	DAVIS, KERN
STREET ADDRESS	4130 16TH STREET NORTH
CITY-ST-ZIP	ST. PETERSBURG FL
TITLE	D
NAME	LEE, JOHN F
STREET ADDRESS	735 12TH STREET NORTH
CITY-ST-ZIP	ST. PETERSBURG FL
TITLE	D
NAME	LYNCH, MICHAEL J
STREET ADDRESS	600 8TH STREET SOUTH
CITY-ST-ZIP	ST. PETERSBURG FL

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 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: [signature] Marjorie T. Robidoux Administrator 4/28/95 813 822-2634
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0310851 CP