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

PROFIT CORPORATION ANNUAL REPORT

**1996**

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

**DOCUMENT #** P93000027554

1. Corporation Name

FIRST FLORIDA MEDICAL, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 3100 6th Street South,<br>Suite 101<br>St. Petersburg, FL 33705 | 3100 6th Street South,<br>Suite 101<br>St. Petersburg, FL 33705 |

3. Date Incorporated or Qualified: April 12, 1993

3a. Date of Last Report: 1995

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

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 1111 7th Avenue North, | 26 1111 7th Avenue North, |
| Suite, Apt. #, etc.<br>22 Suite 105 | Suite, Apt. #, etc.<br>27 Suite 105 |
| City & State<br>23 St. Petersburg, FL | City & State<br>28 St. Petersburg, FL |
| Zip 24 33705 Country 25 USA | Zip 29 33705 Country 30 USA |

**9. Name and Address of Current Registered Agent**

John F. Lee, M.D.
715 12th Street North
St. Petersburg, FL 33705

**10. Name and Address of New Registered Agent**

81 Name: John F. Lee, M.D.
82 Street Address (P.O. Box Number is Not Acceptable): 1111 7th Avenue North,
83 Suite 105
84 City: St. Petersburg FL 85 Zip Code: 33705

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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: _____ DATE: June 11, 1996
Signature, typed or printed name of registered agent and title if applicable — Date — Registered Agent Signature (required when reinstating)

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Director<br>Killinen, John R.<br>400 15th Street North<br>St. Petersburg, FL | ☒ DELETE | 11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP | Director, Pres., VP, Sec. Treasurer<br>John F. Lee, M.D.<br>1111 7th Avenue North, Suite 105<br>St. Petersburg, FL 33705 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Director<br>Backe, John C.<br>1201 5th Avenue North<br>St. Petersburg, FL | ☒ DELETE | 21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Director<br>Bramlet, Dale G.<br>4600 4th Street North<br>St. Petersburg, FL | ☒ DELETE | 31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Director<br>Davis, Kern<br>4130 16th Street North<br>St. Petersburg, FL | ☒ DELETE | 41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Director<br>Lee, John F.<br>735 12th Street North<br>St. Petersburg, FL | ☐ DELETE | 51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP | 200001878082<br>-06/27/96--01049--028<br>***225.00 | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Director<br>Lynch, Michael J.<br>600 8th Street South<br>St. Petersburg, FL | ☒ DELETE | 61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP | | ☐ Change ☐ Addition |

CR2E034 (12/95)

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)(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 this 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:** _____ June 11, 1996 (813) 894-4738
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
John F. Lee, M.D., President