

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000027713 (5)

1. Corporation Name:

TAMPA MEDICAL RESEARCH ASSOCIATES, INC.

Principal Place of Business

Mailing Address

**2919 SWANN AVE
SUITE 202
TAMPA FL 33609**

**2919 SWANN AVE
SUITE 202
TAMPA FL 33609**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/15/1993

3b. Date of Last Report

04/05/1994

4. FEI Number

59-3176131

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$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

29 Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KREITZER, STEPHEN M MD
2919 SWANN AVE
SUITE 202
TAMPA FL 33609**

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5 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 the filer)

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D**
NAME **KREITZER, STEPHEN M MD**
STREET ADDRESS **2919 SWANN AVE SUITE 202**
CITY ST ZIP **TAMPA FL 33609**

11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY ST ZIP

TITLE **D**
NAME **GOLDSTEIN, DAVID H MD**
STREET ADDRESS **2919 SWANN AVE SUITE 202**
CITY ST ZIP **TAMPA FL 33609**

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY ST ZIP

TITLE **D**
NAME **COSMO, LEONARD Y MD**
STREET ADDRESS **2919 SWANN AVE SUITE 202**
CITY ST ZIP **TAMPA FL 33609**

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY ST ZIP

14. I do hereby certify that the information supplied in the filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated in this filing 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 its 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 PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Leonard Y. Cosmo

5/2/95

(813) 874-7726

0117685 CP