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 PM 1:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000049925 (9)**

1. Corporation Name
PINELLAS PHYSICIAN CORPORATION

Principal Place of Business	Mailing Address
3707 FM 1960 WEST SUITE 500 HOUSTON TX 77068	155 FRANKLIN RD STE 400 BRENTWOOD TN 37027 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 07/16/1993
3a. Date of Last Report: 03/15/1994

2. Principal Place of Business — 21:
Suite, Apt. #, etc. — 22:
City & State — 23:
Zip — 24: Country — 25:

2a. Mailing Address — 26:
Suite, Apt. #, etc. — 27:
City & State — 28:
Zip — 29: Country — 30:

4. FEI Number: 76-0409377 ☐ 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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when mandatory)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	☐ Change ☐ Addition
NAME	CHANEY, E T	12 NAME	
STREET ADDRESS	3707 FM 1960 WEST, STE 500	13 STREET ADDRESS	
CITY-ST-ZIP	HOUSTON TX	14 CITY-ST-ZIP	
TITLE	DVP	21 TITLE	☐ Change ☐ Addition
NAME	WILBURN, TYREE G	22 NAME	
STREET ADDRESS	155 FRANKLIN RD, STE 400	23 STREET ADDRESS	
CITY-ST-ZIP	BRENTWOOD TN	24 CITY-ST-ZIP	
TITLE	DVP	31 TITLE	☐ Change ☐ Addition
NAME	MOFFETT, DEBORAH G	32 NAME	
STREET ADDRESS	3707 FM 1960 WEST, STE 500	33 STREET ADDRESS	
CITY-ST-ZIP	HOUSTON TX	34 CITY-ST-ZIP	
TITLE	DVTS	41 TITLE	☐ Change ☐ Addition
NAME	BUFORD, T M	42 NAME	
STREET ADDRESS	3707 FM 1960 WEST, STE 500	43 STREET ADDRESS	
CITY-ST-ZIP	HOUSTON TX	44 CITY-ST-ZIP	
TITLE	VP	51 TITLE	Assistant Secretary ☐ Change ☐ Addition
NAME	HARDISON, ROBERT E	52 NAME	Sara Martin-Michels
STREET ADDRESS	155 FRANKLIN RD, STE 400	53 STREET ADDRESS	155 Franklin Rd, Ste 400
CITY-ST-ZIP	BRENTWOOD TN	54 CITY-ST-ZIP	Brentwood, TN 37027
TITLE	VP	61 TITLE	☐ Change ☐ Addition
NAME	RASH, MARTIN S	62 NAME	
STREET ADDRESS	155 FRANKLIN RD, STE 400	63 STREET ADDRESS	
CITY-ST-ZIP	BRENTWOOD TN	64 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)(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 on an attachment with an address.

SIGNATURE: Sara Martin-Michels 4/21/95 615-377-4532
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0364305 CP