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Jan 23 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 # P93000068927 (1)

1. Corporation Name  
THOMAS & BJORNSTAD, P.A.



Principal Place of Business  
12725 N. DALE MABRY  
SUITE 107  
TAMPA FL 33618  
US

Mailing Address  
6200 COURTNEY CAMPBELL CAUSEWAY  
SUITE 200  
TAMPA FL 33607  
US

3. Date Incorporated or Qualified  
10/04/1993

3a. Date of Last Report  
03/18/1996

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

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

4. FEI Number  
59-3205937

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

BEUTLICH, LAWRENCE R  
6200 COURTNEY CAMPBELL CAUSEWAY  
SUITE 200  
TAMPA FL 33607

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
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: *Lawrence R. Beutlich* (NOTE: Registered Agent signature required when reinstating) DATE: 1/10/96

12. OFFICERS AND DIRECTORS

TITLE	P	DELETE <input type="checkbox"/>
NAME	BJORNSTAD, BRAD M	
STREET ADDRESS	12210 BRUCE B. DOWNS BLVD.	
CITY - ST - ZIP	TAMPA FL	
TITLE	S	DELETE <input type="checkbox"/>
NAME	BEUTLICH, LAWRENCE B	
STREET ADDRESS	6200 COURTNEY CAMPBELL CAUSEWAY, STE. 200	
CITY - ST - ZIP	TAMPA FL	
TITLE	D	DELETE <input type="checkbox"/>
NAME	THOMAS, ROY E M.D.	
STREET ADDRESS	12725 N. DALE MABRY	
CITY - ST - ZIP	TAMPA FL	
TITLE		DELETE <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		DELETE <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	33612
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	BEUTLICH
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	33607
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	33618
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 on an attachment with an address.

SIGNATURE: *Lawrence R. Beutlich* DATE: 1/10/96 DAYTIME PHONE: (813) 288-6010

0523542

CR2E034 (9/96)