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 # **P93000072372 (4)**

1. Corporation Name

WEST PASCO OBSTETRICS AND GYNECOLOGY CENTER, P.A

Principal Place of Business

13908 LAKESHORE BLVD.
SUITE 250
HUDSON FL 34667

Mailing Address

30 NORTH RING AVE
400
TARPON SPRINGS FL 34689
US

3. Date Incorporated or Qualified: **10/11/1993**

3a. Date of Last Report: **02/14/1995**

4. FEI Number: **59-3212281** ☐ 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 (21 Suite/Apt. #, 22 City & State, 23 Zip, 24, 25 Country)

2a. Mailing Address (26 Suite/Apt. #, 27 City & State, 28 Zip, 29, 30 Country)

9. Name and Address of Current Registered Agent

KLIMIS, GEORGE N
30 N. RING AVE.
SUITE 400
TARPON SPRINGS FL 34689

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 I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE (Required When Executed by Registered Agent) DATE

12. OFFICERS AND DIRECTORS

Title: D
Name: ARMBRUSTER, THOMAS J
Street Address: 13908 LAKESHORE BLVD. STE. 250
City-St-Zip: HUDSON FL 34667
☐ DELETE

Title / Name / Street Address / City-St-Zip ☐ DELETE

Title / Name / Street Address / City-St-Zip ☐ DELETE

Title / Name / Street Address / City-St-Zip ☐ DELETE

Title / Name / Street Address / City-St-Zip ☐ DELETE

Title / Name / Street Address / City-St-Zip ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 Title / 12 Name / 13 Street Address / 14 City-St-Zip ☐ Change ☐ Addition

21 Title / 22 Name / 23 Street Address / 24 City-St-Zip ☐ Change ☐ Addition

31 Title / 32 Name / 33 Street Address / 34 City-St-Zip ☐ Change ☐ Addition

41 Title / 42 Name / 43 Street Address / 44 City-St-Zip ☐ Change ☐ Addition

51 Title / 52 Name / 53 Street Address / 54 City-St-Zip ☐ Change ☐ Addition

61 Title / 62 Name / 63 Street Address / 64 City-St-Zip ☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing is true. Filing is voluntary. 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 above, or on an attachment with an address.

SIGNATURE: Thomas Armbruster 2/16/96 813-868-9557

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

CR2E034 (12/95)