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PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P93000072743 (6)

1. Corporation Name

CARROLLWOOD EMERGENCY PHYSICIANS, P.A.



Principal Place of Business

3100 E. FLETCHER  
TAMPA FL 33613

Mailing Address

P.O. BOX 17211  
TAMPA FL 33682

3. Date Incorporated or Qualified

10/20/1993

3a. Date of Last Report

03/08/1995

2. Principal Place of Business

2a. Mailing Address

21 7171 N. Dale Mabry Hwy

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 TAMPA, FL

28 Zip

24 33614

Country

25 Hillsborough

29 Zip

Country

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FRANKLIN, H. HOWARD  
3100 E. FLETCHER  
TAMPA FL 33613

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

Signature of Registered Agent or Registered Agent in Charge

Signature of Registered Agent or Registered Agent in Charge

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

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STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE

12 NAME

13 STREET ADDRESS

14 CITY, ST, ZIP

2. TITLE

22 NAME

23 STREET ADDRESS

24 CITY, ST, ZIP

3. TITLE

32 NAME

33 STREET ADDRESS

34 CITY, ST, ZIP

4. TITLE

42 NAME

43 STREET ADDRESS

44 CITY, ST, ZIP

5. TITLE

52 NAME

53 STREET ADDRESS

54 CITY, ST, ZIP

6. TITLE

62 NAME

63 STREET ADDRESS

64 CITY, ST, ZIP

14. I 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)(k), 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: H. Howard Franklin, MD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

2/19/96 (813) 971-9823

DATE

CR2E034 (12/95)