## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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**CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

Secretary of State 1998 DOCUMENT #
1. Corporation Name P93000075151 (9) FMC MARKET SQUARE, INC. Principal Place of Business Mailing Address <del>00100 MARKET BOUARE</del>— DECETE 38135 MARKET SO 38135 MARKET SQ ZEPHYRHILLS FL 33540 ZEPHYRHILLS FL 33540 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/29/1993 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 26 59-3211034 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State

9. Name and Address of Current Registered Agent MARQUARDT, EMIL C JR. 400 CLEVELAND ST. SUITE 800 CLEARWATER FL 34615

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Country

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Zip

CITY-ST-ZIP

		Personal Property Tax due June 30.	- 🖼 ⋅	res	☐ No
		10. Name and Address of New Register	red Age	ent	
81	Name				
82	Street Addre	ss (P.O. Box Number is Not Acceptable)			
- 1					
83		· · · · · · · · · · · · · · · · · · ·	—.		

8. This corporation owes or has paid the current year Intangible

8. Election Campaign Financing

Trust Fund Contribution

FILED

Feb 24 1998 8:00am

\$5.00 May Be

Added to Fees

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.

Country

30

SIGNATURE Signature, typed or printed name of registered agent and site if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE DV DELETE 11 TITLE President X Change Addition HUGHES, PAUL E NAME 12 NAME Chandresh Saraiya, M.D. STREET ADDRESS 38135 MARKET SQUARE 1.3 STREET ADDRESS 38135 Market Square ZEPHRHILLS FL Zephyrhills, FL. 33540 CITY-ST-ZIP 1.4 CITY - ST - ZIP TITLE **X** DELETE 2.1 TITLE Vice President Change Addition NAME SHEPARD, DAVID 2.2 NAME Nancy Finnerty, M.D. STREET ADDRESS 38135 MARKET SQUARE 38135 Market Square 2.3 STREET ADDRESS CITY-ST-ZIP ZEPHYRHILLS FL 2. 4 CITY-ST-ZIP Zephyrhills, FL. 33540 **△** DELETE TOTLE 3.1 TITLE X Change Addition Secretary NAME Malik, Shahid 3.2 NAME David Shepard, M.D. STREET ADDRESS 38135 MARKET SQUARE 3.3 STREET ADDRESS 38135 Market Square CITY-ST-ZIP ZEPHYRHILLS FL 3.4. CITY - ST - ZIP Zephyrhills, FL. 33540 X DELETE TITLE DS 4.1 TITLE X Change Addition Treasurer NAME **EIS**NER, MARK S 4. 2 NAME Shahid Malik, M.D. STREET ADDRESS 38135 MARKET SQUARE 4.3 STREET ADDRESS 38135 Market Square ZEPHYRHILLS FL CITY-ST-ZIP 4.4 CITY-ST-ZIP Zephyrhills, FL. 33540 X DELETE TITLE Change 51 TITLE Addition Chief Executive Officer SARAIYA, CHANDRESH S NAME 5.2 NAME Joe Delatorre STREET ADDRESS 38135 MARKET SQUARE 5.3 STREET ADDRESS 38135 MarketSquare ZEPHYRHILLS FL Zephyrh<u>ills, Fl.</u> CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change TITLE 6.1 TITLE Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

6.4 CITY-ST-ZIP 14. I 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 suppliemental 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 lecewer or trusted 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 by b address