# 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 AM 8:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000084953 (7)

1. Corporation Name

MEASE HEALTH CARE PHYSICIAN HOSPITAL ORGANIZATIO N, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 601 MAIN ST.<br>DUNEDIN FL 34698 | 601 MAIN ST.<br>DUNEDIN FL 34698 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/07/1993
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
4. FEI Number: 59-3222211 ☐ Applied For ☐ Not Applicable

Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

City & State — 23
City & State — 28
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

Zip — 24: 34698
Country — 25
Zip — 29: 34698
Country — 30
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

IMPERATO, GABRIEL L ESQ.
%BROAD AND CASSEL
500 E. BROWARD BLVD., #1130
FT. LAUDERDALE FL 33394

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 (signature of current or proposed registered agent) (NOTE: Registered Agent signature required when completed) (DATE)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | P | 11 TITLE | ☐ Change ☒ Addition |
| NAME | HICKS, DAVID L. D.O. | 12 NAME | |
| STREET ADDRESS | 3450 E LAKE RD, STE 304 | 13 STREET ADDRESS | |
| CITY ST ZIP | PALM HARBOR FL | 14 CITY ST ZIP | 34685 |
| TITLE | S | 21 TITLE | ☐ Change ☒ Addition |
| NAME | MCCARTHY, EDWARD J. | 22 NAME | |
| STREET ADDRESS | 601 MAIN ST | 23 STREET ADDRESS | |
| CITY ST ZIP | DUNEDIN FL | 24 CITY ST ZIP | 34621 |
| TITLE | T | 31 TITLE | ☐ Change ☒ Addition |
| NAME | RUSH, BARBARA J. M. | 32 NAME | |
| STREET ADDRESS | 601 MAIN ST | 33 STREET ADDRESS | |
| CITY ST ZIP | DUNEDIN FL | 34 CITY ST ZIP | 34698 |
| TITLE | VP | 41 TITLE | ☐ Change ☒ Addition |
| NAME | MAZA, RICHARD K MD | 42 NAME | |
| STREET ADDRESS | 3253 MCMULLEN BOOTH ROAD SUITE 200 | 43 STREET ADDRESS | |
| CITY ST ZIP | CLEARWATER FL | 44 CITY ST ZIP | 34698 |
| TITLE | | 51 TITLE | ☐ Change ☐ Addition |
| NAME | | 52 NAME | |
| STREET ADDRESS | | 53 STREET ADDRESS | |
| CITY ST ZIP | | 54 CITY ST ZIP | |
| TITLE | | 61 TITLE | ☐ Change ☐ Addition |
| NAME | | 62 NAME | |
| STREET ADDRESS | | 63 STREET ADDRESS | |
| CITY ST ZIP | | 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 above, or on an attachment with an addition.

SIGNATURE: Edward M McCarthy — 4/26/95 (Date) — (813) 734-6262 (Telephone Number)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
EDWARD McCARTHY

0969245 CP