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Mar 24 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 # P93000088566 (3)

1. Corporation Name
NEW ERA HEALTH ASSOCIATES, INC.



Principal Place of Business
5501 4TH STREET NORTH
ST. PETERSBURG FL 33703

Mailing Address
5501 4TH STREET NORTH
ST. PETERSBURG FL 33703-2251

3. Date Incorporated or Qualified 12/29/1993
3a. Date of Last Report 06/11/1996

2. Principal Place of Business 21. 3000 MEDICAL PARK DR Suite Apt. # etc. 22. SUITE 102 City & State 23. TAMPA FL Zip 24. 33613	2a. Mailing Address 26. 3000 MEDICAL PARK DR Suite Apt. # etc. 27. SUITE 102 City & State 28. TAMPA FL Zip 29. 33613	4. FEI Number 59-3238111	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

HOPES, SCOTT L M.P.H.
11102ND AVE NE
SUITE 1201
ST. PETERSBURG FL 33707

10. Name and Address of New Registered Agent

81. Name RICHARD S. DILLON	85. Zip Code 33613
82. Street Address (P.O. Box Number is Not Acceptable) 3000 MEDICAL PARK DR	
83. Suite Suite 102	
84. City TAMPA	85. State FL

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 is authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the terms of Section 607.005, Florida Statutes.

SIGNATURE: Richard S. Dillon 3/18/97
Date

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	☐ DELETE	1.1 TITLE D/N	☐ Change ☒ Addition
NAME SHAMAS, GILBERT A M.D.		1.2 NAME MARKS, JEFFREY J MD.	
STREET ADDRESS 1919 BRIGHTWATERS BLVD., N.N.		1.3 STREET ADDRESS 2585 LANDMARK DRIVE, Suite 101	
CITY- ST- ZIP ST. PETERSBURG FL 33704		1.4 CITY- ST- ZIP CLEARWATER, FL 34621	
TITLE D	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME ARMAS, IGNACIO M.D.		2.2 NAME	
STREET ADDRESS 402 NOLAND DR		2.3 STREET ADDRESS	
CITY- ST- ZIP BRANDON FL 33511		2.4 CITY- ST- ZIP	
TITLE DT	☐ DELETE	3.1 TITLE D/P	☒ Change ☐ Addition
NAME DILLON, RICHARD S M.D.		3.2 NAME Dillon, RICHARD S. M.D.	
STREET ADDRESS 3000 MEDICAL PARK DR., STE 102		3.3 STREET ADDRESS 3000 MEDICAL PARK DR., STE 102	
CITY- ST- ZIP TAMPA FL 33613		3.4 CITY- ST- ZIP TAMPA - FL - 33613	
TITLE D/T	☐ DELETE	4.1 TITLE D/S	☐ Change ☒ Addition
NAME SLAYDEN, RITA H M.D.		4.2 NAME DIAZ, MARIA	
STREET ADDRESS 3535 BAYSHORE BLVD., NE		4.3 STREET ADDRESS 2901 ST. ISABEL ST, SUITE B	
CITY- ST- ZIP ST. PETERSBURG FL 33703		4.4 CITY- ST- ZIP TAMPA, FL 33607	
TITLE D	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME PETERFREUND, DAVID O M.D.		5.2 NAME	
STREET ADDRESS 1202 PALMVIEW AVENUE		5.3 STREET ADDRESS	
CITY- ST- ZIP BELLEAIR FL 34618		5.4 CITY- ST- ZIP	
TITLE DVM	☒ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME HOPES, SCOTT L M.P.H.		6.2 NAME	
STREET ADDRESS 111 2ND AVE NE, STE 1201		6.3 STREET ADDRESS	
CITY- ST- ZIP ST. PETERSBURG FL 33701		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: Richard S. Dillon 3/18/97 813 972-9300
Date Daytime Phone

CR2E034 (9/96)