


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

FILED
Jan 29 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P93000088566 (3)

1. Corporation Name

NEW ERA HEALTH ASSOCIATES, INC.

Principal Place of Business

Mailing Address

3000 MEDICAL PK DR
STE 102
TAMPA FL 33613
US

3000 MEDICAL PK DR
STE 102
TAMPA FL 33613
US

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified

12/29/1993

4. FEI Number

59-3238111

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PILLOW, RICHARD S.
3000 MEDICAL PK DR
STE 102
TAMPA FL 33613

81 Name

RICHARD S. DILLON

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☒ DELETE
NAME SHAMAS, GILBERT A M.D.
STREET ADDRESS 1919 BRIGHTWATERS BLVD., N.N.
CITY-ST-ZIP ST. PETERSBURG FL 33704

1.1 TITLE D ☐ Change ☒ Addition
1.2 NAME MARIA DIAZ, MD
1.3 STREET ADDRESS 2901 ST. ISABEL ST
1.4 CITY-ST-ZIP TAMPA, FL 33607

TITLE D ☐ DELETE
NAME ARMAS, IGNACIO M.D.
STREET ADDRESS 402 NOLAND DR
CITY-ST-ZIP BRANDON FL 33511

2.1 TITLE D ☐ Change ☒ Addition
2.2 NAME JOSEPH LEVINE, MD
2.3 STREET ADDRESS 11212 N. DALE HARRY HWY
2.4 CITY-ST-ZIP TAMPA, FL 33618

TITLE DP ☐ DELETE
NAME DILLON, RICHARD S M.D.
STREET ADDRESS 3000 MEDICAL PARK DR., STE 102
CITY-ST-ZIP TAMPA FL

3.1 TITLE D ☐ Change ☒ Addition
3.2 NAME HENRY HYATT MD
3.3 STREET ADDRESS 13801 BRUCE B DOWNS BLVD
3.4 CITY-ST-ZIP TAMPA, FL 33613

TITLE DT ☐ DELETE
NAME SLAYDEN, RITA H M.D.
STREET ADDRESS 3535 BAYSHORE BLVD., NE
CITY-ST-ZIP ST. PETERSBURG FL

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME PETERFREUND, DAVID O M.D.
STREET ADDRESS 1202 PALMVIEW AVENUE
CITY-ST-ZIP BELLEAIR FL 34616

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE DV ☐ DELETE
NAME MARKS, JEFFREY J. MD
STREET ADDRESS 2535 LANDMARK DR, STE 101
CITY-ST-ZIP CLEARWATER FL

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
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 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

1/22/98 8/39729306

CR2E034 (10/97)