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CORPORATION
ANNUAL REPORT
1995



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

FILED

95 JAN 25 PM 1:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000001245 (7)

1. Corporation Name

MEDICAL PRACTICE MANAGEMENT ASSOCIATES, INC.

Principal Place of Business

1429 LAKELAND HILLS BLVD
LAKELAND FL 33601

Mailing Address

1429 LAKELAND HILLS BLVD
LAKELAND FL 33601

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

01/06/1994

3a. Date of Last Report

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

33805

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

33805

Country

4. FEI Number

59-3216927

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

VENNUM, KEITH B M.D.
1429 LAKELAND HILLS BOULEVARD
LAKELAND FL 33805

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

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE

D

NAME

VENNUM, KEITH B

STREET ADDRESS

1429 LAKELAND HILLS BLVD

CITY- ST- ZIP

LAKELAND FL 33801

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

12 NAME

13 STREET ADDRESS

14 CITY- ST- ZIP

2.1 TITLE

22 NAME

23 STREET ADDRESS

24 CITY- ST- ZIP

3.1 TITLE

32 NAME

33 STREET ADDRESS

34 CITY- ST- ZIP

4.1 TITLE

42 NAME

43 STREET ADDRESS

44 CITY- ST- ZIP

5.1 TITLE

52 NAME

53 STREET ADDRESS

54 CITY- ST- ZIP

6.1 TITLE

62 NAME

63 STREET ADDRESS

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)(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 maker 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 (where applicable), or on an attachment with an addition.

SIGNATURE:

Keith B. Venum Director

1-12-95

813-688-3491

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(Date)

(Telephone Number)