FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

ANNUAL REPORT
1995

APPROVED AND FILED

95 MAY 10 AM 10:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000031703 (9)

1. Entity Name

WHITING STREET STATION, INC.

Principal Place of Business	Mailing Address
115 E WHITING ST TAMPA FL 33602	115 E WHITING ST TAMPA FL 33602

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/25/1994

3a. Date of Last Report:

4. FEI Number: 59-3259374 (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	10. Name and Address of New Registered Agent
BENTLEY, MARK 115 E WHITING ST TAMPA FL 33602	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 607.0505 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: (If changing Registered Agent, Registered Agent must sign) DATE

12. OFFICERS AND DIRECTORS	13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12
01 TITLE: PSD 02 NAME: BENTLEY, MARK 03 STREET ADDRESS: 115 E WHITING ST 04 CITY ST ZIP: TAMPA FL 33602	☐ Change ☐ Addition
05 TITLE: 06 NAME: 07 STREET ADDRESS: 08 CITY ST ZIP:	☐ Change ☒ Addition 09 TITLE: SEC/TREAS 10 NAME: PAULA BENTLEY 11 STREET ADDRESS: 115 E. WHITING ST 12 CITY ST ZIP: TAMPA FL 33602
13 TITLE: 14 NAME: 15 STREET ADDRESS: 16 CITY ST ZIP:	☐ Change ☐ Addition
17 TITLE: 18 NAME: 19 STREET ADDRESS: 20 CITY ST ZIP:	☐ Change ☐ Addition
21 TITLE: 22 NAME: 23 STREET ADDRESS: 24 CITY ST ZIP:	☐ Change ☐ Addition
25 TITLE: 26 NAME: 27 STREET ADDRESS: 28 CITY ST ZIP:	☐ Change ☐ Addition

14. I 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 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 with an address.

SIGNATURE: [signature] 5-2 1995 813 223-2869

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

000020 CP

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CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

APPROVED AND FILED

FILED
95 MAY -8 PM 2:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000032476 (1)**

1. Current Name
AMINA EDATHODU, M.D., P.A.

Principal Place of Business
4726 N HABANA AVE SUITE 203
TAMPA FL 33614

Mailing Address
4726 N HABANA AVE SUITE 203
TAMPA FL 33614

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/29/1994
3a. Date of Last Report:

2. Principal Place of Business
21
Suite, Apt. # or Bldg.
22
City, State
23
ZIP
24
County
25

2a. Mailing Address
26
Suite, Apt. # or Bldg.
27
City, State
28
ZIP
29
County
30

4. FEI Number: 59-3247122 (142600)
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 was initially incorporate for under § 607.1007 Florida Statutes. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

EDATHODU, AMINA MD
4726 N HABNA AVE SUITE 203
TAMPA FL 33614

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 4726 N. HABANA AVE. SUITE 203
83
84 City: **FL** 85 Zip Code

11. Pursuant to the provisions of Section 607.1008, 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

12. OFFICERS AND/OR DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND/OR DIRECTORS

	12.	13.
1	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☒ Addition P EDATHODU, AMINA MD 4726 N HABANA AVE SUITE 203 TAMPA FL 33614
2	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
3	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
4	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
5	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
6	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

14. I hereby certify that the information supplied with this report is true, complete and accurate. I further certify that the corporation named in this report or supplemental annual report is in good standing under the laws of the state of Florida. I further certify 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: AMINA EDATHODU M.D. 05/05/95 (813) 875-4775
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone

0296342 CP