

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Suzanne B. Martinez
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY -1 AM 11:22

DOCUMENT # P94000044988 (1)

1. Corporation Name

TAMPA BAY SPINE CARE MANAGEMENT, INC.

Principal Place of Business

Mailing Address

901 CLEARWATER-LARGO RD
LARGO FL 34634

901 CLEARWATER-LARGO RD
LARGO FL 34634

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

21

26

State, Apt. #, etc

State, Apt. #, etc

22

27

City & State

City & State

23

28

Country

Zip

Country

29

30

3. Date Incorporated or Qualified

06/16/1994

3a. Date of Last Report

4. FEI Number

59-3267474

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

Trust Fund Contribution

☐

8. The corporation

Florida Statutes

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LILES, RICHARD
901 CLEARWATER-LARGO RD
LARGO FL 34634

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 this 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

4/29/95

12. OFFICERS AND DIRECTORS

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12

12.1 TITLE	12.2 NAME	12.3 STREET ADDRESS	12.4 CITY, ST, ZIP
PRESIDENT	Richard Liles MD	901 Clearwater Largo Rd	Largo FL 34640
VP - SECRETARY	Michael Piazza MD	1011 Jeffords St.	Clearwater FL 34616
VP - TREASURER	Louis Rosa MD	1011 Jeffords St	Clearwater FL 34616

13.1 TITLE	13.2 NAME	13.3 STREET ADDRESS	13.4 CITY, ST, ZIP	Change	Addition
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not apply for the exemption stated in Section 607.0503(4)(b), Florida Statutes. I further certify that the information included on the 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 and the person or persons empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 of this report. If changed, or no longer attached, with an address.

SIGNATURE:

RICHARD LILES MD
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Richard Liles MD

4/29/95

813-584-4533