

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 PM 11:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000051654 (9)

1. Corporation Name

TAMPA BAY PRIMARY CARE NETWORK, INC.

Principal Place of Business

550 N REO
SUITE 300
TAMPA FL 33609

Mailing Address

550 N REO
SUITE 300
TAMPA FL 33609

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 07/13/1994
3a. Date of Last Report

2. Principal Place of Business

21 10014 N. Dale Mabry

2a. Mailing Address

26 Same

4. FEI Number

58 3254072

Applied For

Not Applicable

22 Suite, Apt. #, etc.

512401

27 Suite, Apt. #, etc.

5. Certificate of Status Desired

☒

\$8.75 Additional

Fee Required

23 City & State

Tampa, FL

28 City & State

6. Election Campaign Financing

Trust Fund Contribution

☐

\$5.00 May Be

Added to Fees

24 ZIP Country

33618

25

29

30

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

SAMUELS, EUGENE P
9400 S DADELAND BLVD
PENTHOUSE 5
MIAMI FL 33156

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

R. S. Venable
Signature (typed or printed name of registered agent and the if applicable)

(NOTE: Registered Agent signature required when constituting)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	VENABLE, R. S.
STREET ADDRESS	550 N REO SUITE 300
CITY ST ZIP	TAMPA FL 33609
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

11 TITLE	☒ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	10014 N. DALE MABRY # 101
14 CITY ST ZIP	TAMPA, FL 33618
21 TITLE	☐ Change ☐ Addition
22 NAME	200001497942
23 STREET ADDRESS	-05/24/95--01026--011
24 CITY ST ZIP	****208.75 ****208.75
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY ST ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY ST ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY ST ZIP	
61 TITLE	☐ Change ☐ Addition
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 110.07(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 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:

R. S. Venable
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT OR DIRECTOR
R. S. VENABLE

5/1/95

873260-8131