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CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -4 PM 6:57

DOCUMENT # **P94000054547 (2)**

1. Corporation Name
ASSOCIATED PRIMARY CARE, INC.

Principal Place of Business	Mailing Address
~~15901 NORTH FLORIDA AVE.~~ ~~LUTZ FL 33549~~ xxxxx 15511 N. Florida Ave. Suite B-4 Tampa, FL 33613	~~15901 NORTH FLORIDA AVE.~~ ~~LUTZ FL 33549~~ P. O. Box 280273 Tampa, FL 33682

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business 21 See above	2a. Mailing Address 26 See above	3. Date Incorporated or Qualified 07/18/1994	3a. Date of Last Report
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3254669	Applied For ☐ Not Applicable ☐
City & State 23	City & State 28	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 / 30	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
IEZZI, ALAN J 15901 NORTH FLORIDA AVE. LUTZ FL 33549	81 Name: Alan J. Iezzi 82 Street Address (P.O. Box Number is Not Acceptable): 15511 N. Florida Avenue, Suite B-4 83 84 City: Tampa FL 85 Zip Code: 33613

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADD/ONE/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	President/Director	XX Change ☐ Addition
NAME	IEZZI, ALAN J	12 NAME	Alan J. Iezzi	
STREET ADDRESS	15901 NORTH FLORIDA AVE.	13 STREET ADDRESS	15511 N. Florida Ave., Suite B-4	
CITY-ST-ZIP	LUTZ FL 33549	14 CITY-ST-ZIP	Tampa, FL 33613	
TITLE		21 TITLE	Vice Pres./Director	☐ Change XX Addition
NAME		22 NAME	George Brick, M.D.	
STREET ADDRESS		23 STREET ADDRESS	15511 N. Florida Ave., Suite B-4	
CITY-ST-ZIP		24 CITY-ST-ZIP	Tampa, FL 33613	
TITLE		31 TITLE	Secretary/Director	☐ Change XX Addition
NAME		32 NAME	John Putman, D.O.	
STREET ADDRESS		33 STREET ADDRESS	15511 N. Florida Ave., Suite B-4	
CITY-ST-ZIP		34 CITY-ST-ZIP	Tampa, FL 33613	
TITLE		41 TITLE	Treasurer/Director	☐ Change XX Addition
NAME		42 NAME	Alan Zloto, D.O.	
STREET ADDRESS		43 STREET ADDRESS	15511 N. Florida Ave., Suite B-4	
CITY-ST-ZIP		44 CITY-ST-ZIP	Tampa, FL 33613	
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		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)(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: _____ 1/31/95 813-968-9196
SIGN AND TYPE OR PRINT NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000719 CP