SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 0, 1995.
AMOUNT DUE ON OR BEFORE 8/0/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $278)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUL 18 AM 8:17

DOCUMENT # **P94000062085 (3)**

1. Corporation Name
C. & A. EMERGENCY PHYSICIANS, P.A.

Principal Place of Business	Mailing Address
~~PO BOX 10085~~ ~~TAMPA FL 33679-0085~~	~~PO BOX 10085~~ ~~TAMPA FL 33679-0085~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/23/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 P.O. Box 261148	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Tampa, FL	28 City & State
24 Zip: 33685-1148 25 Country: USA	29 Zip 30 Country

4. FEI Number: 593265787 ☐ 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
~~DINGLE, PHILLIP S~~ ~~101 E KENNEDY BLVD SUITE 3700~~ ~~BARNETT PLAZA~~ ~~TAMPA FL 33602~~	01 Name: L. David de la Parte 02 Street Address (P.O. Box Number is Not Acceptable): One Tampa City Center 03: Suite 2300 04 City: Tampa FL 05 Zip Code: 33601-2350

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] DATE: 7/13/95
Signature, typed or printed name of registered agent and the date of acceptance (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	11 TITLE: President ☐ Change ☐ Addition 12 NAME: Edward W. Braun 13 STREET ADDRESS: 11411 Palm Pasture Dr 14 CITY-ST-ZIP: Tampa, FL 33635
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	21 TITLE: Vice President ☐ Change ☐ Addition 22 NAME: Raymond A. Slesaynski, Jr. 23 STREET ADDRESS: 380 Pinellas Bayway "E" 24 CITY-ST-ZIP: St. Petersburg, FL 33715
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	31 TITLE: Secretary ☐ Change ☐ Addition 32 NAME: Joan C. Bales 33 STREET ADDRESS: 502 Lucerne Ave 34 CITY-ST-ZIP: Tampa, FL 33606
	41 TITLE: Treasurer ☐ Change ☐ Addition 42 NAME: Helene F. Harper 43 STREET ADDRESS: 570 Shore Dr. E 44 CITY-ST-ZIP: Oldsmar, FL 34677
	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

...ed with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further ...annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under ...poration or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name ...r on an attachment with an address.

[signature] Helene Harper 6/20/95 (813)
...NAME OF OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (3/95)

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