

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P94000069411 (4)**

1. Corporation Name  
**RICHARD T. FARRIOR, M.D., P.A.**



Principal Place of Business: ~~4 COLUMBIA DRIVE~~  
~~SUITE 800, HARBORSIDE MEDICAL TOWERS~~  
TAMPA FL 33606

Mailing Address: **4 COLUMBIA DRIVE**  
**SUITE 800, HARBORSIDE MEDICAL TOWERS,**  
TAMPA FL 33606

2. Principal Place of Business  
21 **Richard T. Farrior MD PA**  
Suite, Apt. #, etc.  
22 **SOS DELEEN ST. #5**  
City & State  
23 **TAMPA FL**  
Zip Country  
24 **33616-2737** 25 **USA**

2a. Mailing Address  
26  
27 **SOS DELEEN ST. #5**  
City & State  
28 **TAMPA FL**  
Zip Country  
29 **33616-2737** 30 **USA**

3. Date Incorporated or Qualified: **10/01/1994** 3a. Date of Last Report: **04/18/1995**

4. FEI Number: **59-3267110** 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

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

**FARRIOR, RICHARD T**  
~~4 COLUMBIA DR.~~ **SOS DELEEN ST. #5**  
~~SUITE 800, HARBORSIDE MEDICAL TOWERS~~  
TAMPA FL 33606 - 2737

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code **FL**

11. Pursuant to the provisions of Sections 607.0502 and 607.1408, 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. Thereby I accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0509, Florida Statutes.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>D FARRIOR, RICHARD T</b>	2. NAME	
STREET ADDRESS	<del>4 COLUMBIA DR., STE. 800</del> <b>SOS DELEEN ST. #5</b>	3. STREET ADDRESS	
CITY-STATE-ZIP	<b>TAMPA FL 33606-2737</b>	4. CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	2. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		22. NAME	
STREET ADDRESS		23. STREET ADDRESS	
CITY-STATE-ZIP		24. CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	3. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32. NAME	
STREET ADDRESS		33. STREET ADDRESS	
CITY-STATE-ZIP		34. CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42. NAME	
STREET ADDRESS		43. STREET ADDRESS	
CITY-STATE-ZIP		44. CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52. NAME	
STREET ADDRESS		53. STREET ADDRESS	
CITY-STATE-ZIP		54. CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY-STATE-ZIP		64. CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this filing is true, correct, and does not qualify for the exemption stated in Section 119.07(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 this 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 changes, or on an attachment with an address.

SIGNATURE: *Richard T. Farrior* **RICHARD T. FARRIOR** 7 Mar 96 813/251-1023

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)