

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000072029 (9)

1. Corporation Name

SOUTH PINELLAS AFFILIATED PHYSICIANS, INC.



Principal Place of Business

716 NINTH STREET NORTH
ST. PETERSBURG FL 33705
US

Mailing Address

P.O. BOX 33032
ST. PETERSBURG FL 33733
US

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

BAILEY, DAVID
1099 FIFTH AVENUE NORTH
SUITE 1700
ST. PETERSBURG FL 33701

81

Name

David Bailey

82

Street Address (P.O. Box Number is Not Acceptable)

1099 5th Avenue North

83

84

City

St. Petersburg

FL

85

Zip Code

33705

3. Date Incorporated or Qualified

09/26/1994

3a. Date of Last Report

05/01/1995

4. FEI Number

59-3289455

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

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, typed or printed name of registered agent (and title, if applicable)

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME BAILEY, DAVID
STREET ADDRESS 1099 5TH AVE. NORTH
CITY-ST-ZIP ST. PETERSBURG FL 33705

TITLE ☐ DELETE

NAME ROHR, MICHAEL
STREET ADDRESS 601 SEVENTH STREET SOUTH
CITY-ST-ZIP ST. PETERSBURG FL

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

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CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE Secretary ☐ Change ☒ Addition

2. NAME Ann Schamp, R.R.A.
3. STREET ADDRESS 716 9th Street North
4. CITY-ST-ZIP St. Petersburg, FL. 33705 ☐ Change ☒ Addition

5. TITLE Director ☐ Change ☒ Addition

6. NAME Kevin Denny, M.D.
7. STREET ADDRESS 1099 5th Avenue North
8. CITY-ST-ZIP St. Petersburg, FL. 33705 ☐ Change ☒ Addition

9. TITLE Director ☐ Change ☒ Addition

10. NAME Harold Geder, M.D.
11. STREET ADDRESS 601 7th Street South
12. CITY-ST-ZIP St. Petersburg, FL 33701 ☐ Change ☒ Addition

13. TITLE Director ☐ Change ☒ Addition

14. NAME Joel Praver, M.D.
15. STREET ADDRESS 5101 Brittany Drive South
16. CITY-ST-ZIP St. Petersburg, FL. 33715 ☐ Change ☒ Addition

17. TITLE Director ☐ Change ☒ Addition

18. NAME Kevin Witt, M.D.
19. STREET ADDRESS 6350 Central Avenue
20. CITY-ST-ZIP St. Petersburg, FL. 33707 ☐ Change ☐ Addition

21. TITLE ☐ Change ☐ Addition

22. NAME ☐ Change ☐ Addition

23. STREET ADDRESS ☐ Change ☐ Addition

24. CITY-ST-ZIP ☐ Change ☐ Addition

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)(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 changed, or on an attachment with an address

SIGNATURE:

Ann L Schamp
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/3/96

Date

813-892-8730

Telephone #

CR2E034 (12/95)