FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # P94000093930 (3)

1. Corporation Name

CRESPO & ASSOCIATES EMERGENCY PHYSICIANS, P.A.

Principal Place of Business

1202 CULBREATH ~~ISLE~~ DRIVE
TAMPA ~~FL 33629~~

2901 SWANN AVE,
TAMPA, FLA 33609

Mailing Address

1202 CULBREATH ~~ISLE DRIVE~~
TAMPA ~~FL 33629~~

824 S. EDISON AVE,
TAMPA, FL 33606

2. Principal Place of Business
21
Suite, Apt #, etc
22
City & State
23
Zip 24 Country 25

2a Mailing Address
26
Suite, Apt #, etc
27
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualified: 01/01/1995

3a. Date of Last Report: 1/1/95

4. FEI Number: 59-3288470 — ☐ 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

~~CRESPO, LUIS E~~
~~1202 CULBREATH ISLE DR.~~
~~TAMPA FL 33629~~

10. Name and Address of New Registered Agent

81 Name: WOODS W. ROGERS III MD
82 Street Address (P.O. Box Number is Not Acceptable): 824 S. EDISON AVE.
83
84 City: TAMPA FL 85 Zip Code: 33606

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] 11 Feb 96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☒ DELETE	1.1 TITLE	PRESIDENT, SEC, TREAS.	☒ Change ☐ Addition
NAME	~~CRESPO, LUIS E~~		1.2 NAME	WOODS W. ROGERS III	
STREET ADDRESS	~~1202 CULBREATH ISLE DR.~~		1.3 STREET ADDRESS	824 S. EDISON AVE,	
CITY-ST-ZIP	~~TAMPA FL 33629~~		1.4 CITY-ST-ZIP	TAMPA, FL 33606	
TITLE		☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 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)(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: [signature] President 11 Feb 96 (813) 873-6445
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)