

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

FILED
Mar 04 1996 8:00 am
Secretary of State

DOCUMENT # P95000008792 (0)

1. Corporation Name

ACCESS MEDICAL CARE, INC.

Principal Place of Business

201 NORTH FRANKLIN ST.
SUITE 2100
TAMPA FL 33602

Mailing Address

201 NORTH FRANKLIN ST.
SUITE 2100
TAMPA FL 33602

3. Date Incorporated or Qualified

02/02/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 3550 W. Waters Avenue

26 3550 W. Waters Ave.

4. FEI Number

59-3295600

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 100

27 Suite 100

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

City & State

City & State

23 Tampa, Florida

28 Tampa, Florida

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

24 33614

25 USA

29 33614

30 USA

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

FISHER, JOHN H II

201 NORTH FRANKLIN ST.

SUITE 2100

TAMPA FL 33602

81 Name

Steven R. Baratta

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

3550 W. Waters Avenue

83

Suite 100

84

City
Tampa

FL

85

Zip Code
33614

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 607.0503, Florida Statutes.

SIGNATURE

[Signature]
Signature typed or printed name of registered agent and title if applicable

EXECUTIVE VICE PRESIDENT

2/23/96

DATE

12. *See attached sheet OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME P, D
ALAN J. IEZZI, M.D.
STREET ADDRESS 15901 N. Florida Avenue
CITY - ST - ZIP Lutz, Florida 33549

1. TITLE

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

TITLE ☐ DELETE

NAME C, D
BENEDICT MANISCALCO, M.D., Ste
STREET ADDRESS 2727 W. Dr. M.L. King Jr. Blvd
CITY - ST - ZIP Tampa, Florida 33607

2. TITLE

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

TITLE ☐ DELETE

NAME S, T, D
MICHAEL A. BINDER, M.D.
STREET ADDRESS 14499 N. Dale Mabry, Ste. 180
CITY - ST - ZIP Tampa, Florida 33618

3. TITLE

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

TITLE ☐ DELETE

NAME D
HERNANDO BERNAL, M.D.
STREET ADDRESS 13801 Bruce B. Downs Blvd., Ste. 204
CITY - ST - ZIP Tampa, Florida 33613

4. TITLE

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

TITLE ☐ DELETE

NAME D
JACK GUGGINO, M.D.
STREET ADDRESS 3115 W. Swann Avenue
CITY - ST - ZIP Tampa, Florida 33609

5. TITLE

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

TITLE ☐ DELETE

NAME D
MORRIS HANAN, M.D.
STREET ADDRESS 508 S. Habana Avenue, Ste. 260
CITY - ST - ZIP Tampa, Florida 33609

6. TITLE

62 NAME

63 STREET ADDRESS

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)(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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

EXECUTIVE VICE PRESIDENT

2/23/96

(813) 931-8646

CR2E034 (12/95)

OFFICERS AND DIRECTORS

12. Continuation

Title:	D
Name:	Hernan Leon, M.D.
Street address:	4129 N. Armenia Avenue
City-St.-Zip	Tampa, Florida 33607
Title:	D
Name:	Napoleon Pinzon, M.D.
Street address:	7051 W. Waters Avenue
City-St.-Zip	Tampa, Florida 33634
Title:	EVP
Name:	Steven R. Baratta
Street address:	3550 W. Waters Avenue, Ste. 100
City-St.-Zip	Tampa, Florida 33614