

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 # P95000057855 (5)

1. Corporation Name

OB/GYN ASSOCIATES OF TAMPA BAY, P.A.



Principal Place of Business

494 LUCERNE AVENUE
TAMPA FL 33606

Mailing Address

494 LUCERNE AVENUE
TAMPA FL 33606

2. Principal Place of Business

21 13601 Bruce B. Downs

Suite, Apt. #, etc.

22 251

City & State

23 Tampa, FL 33613

24 Zip

25 Country

2a. Mailing Address

26 13601 Bruce B. Downs

Suite, Apt. #, etc.

27 251

City & State

28 Tampa, FL 33613

29 Zip

30 Country

3. Date Incorporated or Qualified
07/26/1995

3a. Date of Last Report

4. FEI Number

59-3326130

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

MARQUARDT, EMIL C JR.
400 CLEVELAND STREET
SUITE 800
CLEARWATER FL 34615

81 Name

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

83

84 City

FL

85 Zip Code

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

Howard U. Johnson
Signature, typed or printed name of registered agent and title if applicable.

VICE PRESIDENT

ERRON

(NOTE: Registered Agent signature required when reappointing)

Date

12. OFFICERS AND DIRECTORS

1.1 TITLE ☐ DELETE

NAME
WIMBROW, THOMAS DR.
STREET ADDRESS
% 400 CLEVELAND, SUITE 800
CITY- ST- ZIP
CLEARWATER FL 34615

1.2 TITLE ☐ DELETE

NAME
JOHNSON, HOWARD DR.
STREET ADDRESS
% 400 CLEVELAND, SUITE 800
CITY- ST- ZIP
CLEARWATER FL 34615

1.3 TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY- ST- ZIP

1.4 TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY- ST- ZIP

1.5 TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY- ST- ZIP

1.6 TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY- ST- ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY- ST- ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

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:

Howard U. Johnson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HOWARD U. JOHNSON MD
VICE PRESIDENT

3/4/96

(813) 977-0881

Date

Daytime Phone #

CR2E034 (12/95)