## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT CORPORATION** ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000070876 (4)

**FILED** Feb 04 1998 8:00am Secretary of State

FLORI	da affiliated physicians,	INC.							
Principal Plac	ce of Business	Mailing Address				- (			10410 Ezit 1851
	E MABRY HWY	13601 BRUCE B. DOWN	is blvd. S	TE 121					
SUITE 250 TAMPA FL 33613 TAMPA FL 33618						DO NOT WRIT	E IN THIC	CDACE	
US						3. Date Incorporated or Qualified		31 701	
						09/11/1995			
	Place of Business	2a. Mailing Address		•		4. FEI Number			Applied For
21 449	I IN UNICE THORY HAD	/ 28				59-3337139			Not Applicable
	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		, –	Additional
	n€ 230	27							Required
City & Stat	<u> </u>	City & State				6. Election Campaign Financing	П		May Be
Zip Am	Country	Zip	Cour	ntrv		Trust Fund Contribution  8. This corporation owes or has p		<del></del>	d to Fees
24 334		29	30	,		Personal Property Tax due Juni		Yes	Intangible □ No
	9. Name and Address of Current		1001			10. Name and Address of New R			
FR	AZIER, DANIEL W M.D.			<b>81</b> Na	me		,		
	601 BRUCE B. DOWNS BLVD. ST	E 121	}	<b>82</b> Str	not Addro	ss (P.O. Box Number is Not Accepta	bla		
TA	MPA FL 33613			<b>62</b> 3!!	eet Addre	iss (F.O. Box Noriber is Not Accepta	ule)		
			1	<b>83</b>					
			ŀ	B4 Cit				1001 7	p Code
				B4 Cit	y		FL	<b>85</b>   Zij	p Code
11. Pursuant	to the provisions of Sections 607.0502 registered agent, or both, in the State of am familiar with, and accept the obligate	and 607.1508, Florida Statu	tes, the ab	ove-nar	ned corpo	oration submits this statement for the	purpose of	changing	its registered
agent. La	am <b>fa</b> miliar with, and accept the obligation	ions of, Section 607.0505, F	lorida Stati	ites.	corporand	on a board of directors, i hereby acce	рі ше арр	onument s	is registered
SIGNATURE									
	Signature, typed or printed name of registered agent	<del></del>		Agent sign	ature required	d when reinstating)	DATE		
12.	OFFICERS AND	OFFICERS AND DIRECTORS 13				ADDITIONS/CHANGES TO OFFI	CERS AND		
TITLE	FRAZIER, DANIEL W M.D.			1.1 TITLE				☐ Change	e Addition
NAME	13601 BRUCE B. DOWNS BLV	D CTE 101	1.2 NA		- 1				
STREET ADDRESS	TAMPA FL 33613	D. SIE 121		EET ADORI	iss				
CITY-ST-ZIP	0	Druttr		Y-ST-ZIP				Char	- Lagrina
TITLE	WEISSMAN, MARK M.D.	<b>∐</b> DELETE	2.1 TfT		- }			Change	e Addition
NAME	13601 BRUCE B. DOWNS BLV	D STE 101	2.2 NAJ						
STREET ADDRESS	TAMPA FL 33613	D. SIE 121		EET ADDRE	SS				
CITY-ST-ZIP	D	DELETE		Y-ST-ZIP				Change	Addition
TITLE	KOVALESKI, <b>J</b> EFFREY J	L DECEIE	3.1 TITI					MAN Change	Audilion
NAME	14497 N DALE MABRY HWY, S	SHITE 250	3.2 NA			90 N Day - Massy Hi	٠. ٨ م	a= 22	D
STREET ADDRESS	TAMPA FL	JOHE EOU		EET ADDRE	<sup>ऽऽ</sup>   । पु <del>प</del>	99 N. DRUE MARRY HU AMIA FL 33618	7, 30	166.00	
CITY-ST-ZIP TITLE	0	DELETE	3.4. CH	Y-ST-ZIP		AMPA, PL DOGO		Change	Addition
NAME	LANE, WALTER M	beter	4. 2 NA		-			onango	
STREET ADDRESS	13301 N DALE MABRY HWY			eft addre	ee l				
CITY-\$1-2IP	TAMPA FL			(-ST-ZIP	33				
TITLE		DELETE	5.1 TITE					Change	Addition
NAME		<u> </u>	5.2 NAN		1				
STREET ADDRESS				EET ADDRE	ss				
CITY-ST-ZIP				/-ST-ZIP					
TITLE		DELETE	6.1 TITL		_			Change	Addition
NAME		•			1			•	-
			U.Z NAD	VC.					
STREET ADDRESS			6.2 NAM 6.3 STR	ic Eet addre	ss				

14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 trusted empowered to execute his report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attackment with an address.

1/20/00 (813) 960-0108