

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED  
May 05 1997 8:00am  
Secretary of State

DOCUMENT # P96000001371 (9)

1. Corporation Name

CULBREATH MEDICAL PROPERTIES, INC.

Principal Place of Business

511 WEST BAY STREET, UNIT 301  
TAMPA FL 33606

Mailing Address

511 WEST BAY STREET, UNIT 301  
TAMPA FL 33606-2700

3. Date Incorporated or Qualified

01/05/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

59-3350674

Applied For

Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

22 City & State

27 City & State

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

23 Zip

Country

28 Zip

Country

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

STENZLER, STEPHEN A M.D.  
511 WEST BAY STREET, SUITE 301  
TAMPA FL 33606

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

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 PD  
NAME MCTAGGART, JOHN D M.D.  
STREET ADDRESS 511 WEST BAY STREET, UNIT 301  
CITY-ST-ZIP TAMPA FL 33606 ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

TITLE STD  
NAME STENZLER, STEPHEN A M.D.  
STREET ADDRESS 511 WEST BAY STREET, UNIT 301  
CITY-ST-ZIP TAMPA FL 33606 ☐ DELETE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

TITLE D  
NAME NANNI, MARK D M.D.  
STREET ADDRESS 511 WEST BAY STREET, UNIT 301  
CITY-ST-ZIP TAMPA FL 33606 ☐ DELETE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

TITLE D  
NAME GRUNDY, LAURENCE M.D.  
STREET ADDRESS 511 WEST BAY STREET, UNIT 301  
CITY-ST-ZIP TAMPA FL 33606 ☐ DELETE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby 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 trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13, unchanged or on an attachment with an address.

SIGNATURE

*Stephen A. Stenzler*

4/6-1997

CR2E034 (9/96)