

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

FILED
Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90017 016 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000015248

1. Corporation Name

TAMPA MEDICAL ASSOCIATES, INC.

Principal Place of Business

125 EUGENE O'NEILL DR
NEW LONDON CT 06320
US

Mailing Address

125 EUGENE O'NEILL DR
NEW LONDON CT 06320
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/19/1996

4. FEI Number

59-3377257

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 One Ravinia Drive

2a. Mailing Address

26 One Ravinia Drive

Suite, Apt. #, etc.

22 Suite 1500

Suite, Apt. #, etc.

27 Suite 1500

City & State

23 Atlanta, GA

City & State

28 Atlanta, GA

Zip

24 30346

Country

25 USA

Zip

29 30346

Country

30 USA

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

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

TITLE	PD	<input type="checkbox"/> DELETE
NAME	STRATTON, ARTHUR W JR.	
STREET ADDRESS	1881 WORCESTER RD	
CITY-ST-ZIP	FARMINGHAM MA 01701	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	GILLIGAN, ALISON K	
STREET ADDRESS	125 EUGENE O'NEILL DR	
CITY-ST-ZIP	NEW LONDON CT 06320	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	HANSEN, DAVID N	
STREET ADDRESS	1881 WORCESTER RD	
CITY-ST-ZIP	FARMINGHAM MA 01701	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS	One Ravinia Drive, Suite 1500	
1.4 CITY-ST-ZIP	Atlanta, GA 30346	
2.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Miele, Stefano M.	
2.3 STREET ADDRESS	One Ravinia Drive, Suite 1500	
2.4 CITY-ST-ZIP	Atlanta, GA 30346	
3.1 TITLE	VT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Gentry, Boyd P.	
3.3 STREET ADDRESS	One Ravinia Drive, Suite 1500	
3.4 CITY-ST-ZIP	Atlanta, GA 30346	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Whittle, Susan Thomas	
4.3 STREET ADDRESS	One Ravinia Drive, Suite 1500	
4.4 CITY-ST-ZIP	Atlanta, GA 30346	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/99

Date

678.443.7000

Daytime Phone #

CR2E034 (11/98)