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Jan 23 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P96000015347 (3)

1. Corporation Name  
SOUTHSIDE EMERGENCY PHYSICIANS, P.A.

Principal Place of Business  
3055 OAK CREEK DR.  
CLEARWATER FL 34621

Mailing Address  
3055 OAK CREEK DR.  
CLEARWATER FL 34621-1429



3. Date Incorporated or Qualified 02/15/1996  
3a. Date of Last Report

2. Principal Place of Business  
21 5880 49th STREET N  
Suite, Apt. #, etc.

22 Suite N-202  
27 Suite N-202

23 ST. PETERSBURG, FL.  
City & State

24 33709 25 U.S.A.  
Zip Country

4. FEI Number 59-3360758  
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 has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent  
RUGGLES, THOMAS W  
603 INDIAN ROCKS RD.  
BELLEAIR FL 34616

10. Name and Address of New Registered Agent  
81 Name WILCHER, BEVERLY P., D.O.  
82 Street Address (P.O. Box Number is Not Acceptable) 5880 49th STREET N  
83 Suite N-202  
84 City ST. PETERSBURG FL 85 Zip Code 33709

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 Beverly P. Wilcher D.O. 1-10-97  
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 D ☐ DELETE  
NAME TABB, LLOYD A M.D.  
STREET ADDRESS 3055 OAK CREEK DR.  
CITY-ST-ZIP CLEARWATER FL 34621  
TITLE D ☐ DELETE  
NAME WILCHER, BEVERLY P D.O.  
STREET ADDRESS PO BOX 41421  
CITY-ST-ZIP ST. PETERSBURG FL 33743-1421  
TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
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 P ☐ Change ☒ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
3.1 TITLE D ☐ Change ☒ Addition  
3.2 NAME DeMille, June M.D.  
3.3 STREET ADDRESS 405 18th AVENUE NE  
3.4 CITY-ST-ZIP ST. PETERSBURG, FL. 33704  
4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
5.1 TITLE ☐ Change ☐ Addition  
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 if changed or on an attachment with an address.

SIGNATURE: Beverly P. Wilcher D.O. (813) 522-7752  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)