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FILED
Apr 07 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P97000021414 (2)

1. Corporation Name

AFTER HOURS PEDIATRICS, INC.

Principal Place of Business

Mailing Address

8940 MAGNOLIA CHASE CIRCLE
TAMPA FL 33647

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TAMPA FL 33647



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/07/1997

4. FEI Number

59-3433186

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 or has paid the current year Intangible
Personal Property Tax due June 30.

☒ Yes

☐ No

2. Principal Place of Business

21 15043 Bruce B Downs Blvd

Suite, Apt. #, etc.

22

City & State

23 Tampa, Florida

Zip

Country

24 33647

25

2a. Mailing Address

26 15043 Bruce B Downs Blvd

Suite, Apt. #, etc.

27

City & State

28 Tampa, Florida

Zip

Country

29 33647

30

9. Name and Address of Current Registered Agent

RUGG, JOSEPH WN W
201 N FRANKLIN STREET
SUITE 2100
TAMPA FL 33602

81 Name

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

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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 D
NAME ABRUNZO, MARY PATRICIA
STREET ADDRESS 2708 FOUNTAIN BLVD
CITY-ST-ZIP TAMPA FL 33609 ☐ DELETE

TITLE D
NAME ABRUNZO, THOMAS J MD
STREET ADDRESS 2708 FOUNTAIN BLVD
CITY-ST-ZIP TAMPA FL 33609 ☐ DELETE

TITLE D
NAME SANTAMARIA, KIMBERLY RENEE
STREET ADDRESS 1804 EAST PARK CIRCLE
CITY-ST-ZIP TAMPA FL 33610 ☐ DELETE

TITLE D
NAME SANTAMARIA, JOHN P MD
STREET ADDRESS 1804 EAST PARK CIRCLE
CITY-ST-ZIP TAMPA FL 33610 ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE Vice-President ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE Treasurer ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS 8948 magnolia chase circle
3.4 CITY-ST-ZIP Tampa, Florida 33647

4.1 TITLE Secretary ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS 8948 magnolia chase circle
4.4 CITY-ST-ZIP Tampa, Florida 33647

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 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:

K. Santamaria

K. Santamaria

3/31/98

(813) 910-8888

CR2E034 (10/97)