FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 14 AM 8:08

DOCUMENT # V48540 (1)

1. Corporation Name
ALFONSO F. CARRENO, M.D. & JORGE J. VILLALBA, M. D., P.A.

Principal Place of Business
~~2727 W. MARTIN LUTHER KING BLVD.~~
~~SUITE 560~~
~~TAMPA FL 33607~~

Mailing Address
~~2727 W. MARTIN LUTHER KING BLVD.~~
~~SUITE 560~~
~~TAMPA FL 33607~~

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 07/08/1992
3a. Date of Last Report: 03/16/1994

2. Principal Place of Business
21 3508 N. Armenia Ave
22 Suite, Apt. #, etc.
23 City & State: Tampa Florida
24 Zip: 33607
25 Country

2a. Mailing Address
26 3508 N. Armenia Ave
27 Suite, Apt. #, etc.
28 City & State: Tampa, Florida
29 Zip: 33607
30 Country

4. FEI Number: 59-3131031 — 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. The corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent
GASSMAN, ALAN S.
1212 COURT ST.
SUITE B
CLEARWATER FL 34616

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 _____ DATE
(NOTE: Registered Agent signature required when resigning)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE		☐ Change ☐ Addition
NAME	CARRENO, ALFONSO F	12 NAME		
STREET ADDRESS	~~2727 W MARTIN LUTHER KIN~~	13 STREET ADDRESS	3508 N. Armenia Avenue	
CITY-ST-ZIP	TAMPA FL	14 CITY-ST-ZIP	Tampa, FL 33607	
TITLE	D	21 TITLE		☐ Change ☐ Addition
NAME	VILLALBA, JORGE J., MD	22 NAME		
STREET ADDRESS	~~2727 W MARTIN LUTHER KIN~~	23 STREET ADDRESS	3508 N. Armenia Avenue	
CITY-ST-ZIP	TAMPA FL	24 CITY-ST-ZIP	Tampa, Fl 33607	
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY-ST-ZIP		34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing is completely furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental 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 other person authorized to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 of this report or supplemental report with an asterisk.

SIGNATURE: ALFONSO F. CARRENO, DIRECTOR — 3/9/95 — 813-871-2200
SIGNATURE AND TYPED OR PRINTED NAME OF MORNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0380183 CP