

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandria B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V51056 (2)

1. Corporation Name

OTO-LOGIC PHYSICIAN SERVICES, INC.

Principal Place of Business

22 PARK ST
SEMINOLE PROFESSIONAL CENTER
ST PETERSBURG FL 33707
US

Mailing Address

22 PARK STREET SO.
ST PETERSBURG FL 33707
US



2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt., #, etc.

26

Suite, Apt., #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

GANS, RICHARD E.
22 PARK STREET SOUTH
SEMINOLE PROFESSIONAL CENTER
ST. PETERSBURG FL 33707

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. Thereby, accept the appointment as registered agent, I am familiar with, and accept the obligations of, Section 607.0606, Florida Statutes.

SIGNATURE

Signature of Registered Agent or Director (Print Name)

(NOTE: Registered Agent and Director must be a resident of Florida)

DATE

OFFICERS AND DIRECTORS

12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
	STD GANS, RICHARD E.	1380 GULF BLVD 1407	CLEARWATER FL	☐
				☐
				☐
				☐
				☐
				☐
				☐
				☐

13

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE	Change	Addition
1.1				☐	☐	☐
1.2				☐	☐	☐
1.3				☐	☐	☐
1.4				☐	☐	☐
2.1				☐	☐	☐
2.2				☐	☐	☐
2.3				☐	☐	☐
2.4				☐	☐	☐
3.1				☐	☐	☐
3.2				☐	☐	☐
3.3				☐	☐	☐
3.4				☐	☐	☐
4.1				☐	☐	☐
4.2				☐	☐	☐
4.3				☐	☐	☐
4.4				☐	☐	☐
5.1				☐	☐	☐
5.2				☐	☐	☐
5.3				☐	☐	☐
5.4				☐	☐	☐
6.1				☐	☐	☐
6.2				☐	☐	☐
6.3				☐	☐	☐
6.4				☐	☐	☐

14. I do hereby certify that the information supplied with this filing is voluntarily 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 biennial 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 incorporator or the person 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 a new signature with the address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/96

813-347-9147
District Phone #

CR2E034 (12/95)