

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 504812

Entity Name: RUFFOLO, HOOPER & ASSOCIATES, M.D., P.A.**Current Principal Place of Business:**5751 HOOVER BOULEVARD
TAMPA, FL 33634**Current Mailing Address:**5751 HOOVER BOULEVARD
TAMPA, FL 33634 US**FEI Number: 59-1723249****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**COJITA, DANIELA
5751 HOOVER BOULEVARD
TAMPA, FL 33634 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title P
Name SHIELDS, DAVID J MD
Address 5751 HOOVER BOULEVARD
City-State-Zip: TAMPA FL 33634

Title S
Name SELBST, MEGAN M.D.
Address 5751 HOOVER BOULEVARD
City-State-Zip: TAMPA FL 33634

Title MEMBER-AT-LARGE
Name CHEN, LUGEN M.D.
Address 5751 HOOVER BLVD.
City-State-Zip: TAMPA FL 33634

Title ASST. SECRETARY
Name PAUTLER, KEITH B M.D.
Address 5751 HOOVER BLVD.
City-State-Zip: TAMPA FL 33634

Title VP
Name FINAN, JON MD
Address 5751 HOOVER BOULEVARD
City-State-Zip: TAMPA FL 33634

Title T
Name KALIK, ALEJANDRA T M.D.
Address 5751 HOOVER BOULEVARD
City-State-Zip: TAMPA FL 33634

Title ASST. SECRETARY
Name ACS, GEZA M.D.
Address 5751 HOOVER BLVD.
City-State-Zip: TAMPA FL 33634

Title ASST. SECRETARY
Name RUFFOLO, ROBERT D.O.
Address 5751 HOOVER BLVD.
City-State-Zip: TAMPA FL 33634

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: DAVID SHIELDS**PRESIDENT****04/14/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title ASST. SECRETARY
Name STONESIFER, KURT M.D.
Address 5751 HOOVER BLVD.
City-State-Zip: TAMPA FL 33634

Title ASST. SECRETARY
Name WONG , KONDI M.D.
Address 5751 HOOVER BLVD.
City-State-Zip: TAMPA FL 33634

Title ASSISTANT SECRETARY
Name REEVES, KAREN MD
Address 5751 HOOVER BLVD.
City-State-Zip: TAMPA FL 33634

Title ASST. SECRETARY
Name VITKO, JULIE M.D.
Address 5751 HOOVER BLVD.
City-State-Zip: TAMPA FL 33634

Title ASST. SECRETARY
Name XIE, DONG-LIN M.D.
Address 5751 HOOVER BLVD.
City-State-Zip: TAMPA FL 33634