

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 05 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 # P94000072029 (9)

1. Corporation Name

SOUTH PINELLAS AFFILIATED PHYSICIANS, INC.



Principal Place of Business

Mailing Address

716 NINTH STREET NORTH
ST. PETERSBURG FL 33705
US

P.O. BOX 33032
ST. PETERSBURG FL 33733
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/26/1994

2. Principal Place of Business

2a. Mailing Address

21 10901 Roosevelt Blvd

26 10901 Roosevelt Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 #300 B

27 #300 B

City & State

City & State

23 St. Petersburg, FL

28 St. Petersburg, FL

Zip

Country

Zip

Country

24 33715

25 Pinellas

29 33716

30 Pinellas

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SCHAMP, ANN L
716 NINTH STREET NORTH
ST. PETERSBURG FL 33705

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME WITT, KEVIN D
STREET ADDRESS 6350 CENTRAL AVE.
CITY-ST-ZIP ST. PETERSBURG FL

1.1 TITLE D
1.2 NAME James Krause, MD
1.3 STREET ADDRESS 1099 5th Avenue No
1.4 CITY-ST-ZIP St Petersburg, FL 33705

TITLE S
NAME SCHAMP, ANN R
STREET ADDRESS 716 9TH STREET NORTH
CITY-ST-ZIP ST. PETERSBURG FL

2.1 TITLE D
2.2 NAME mark Norstein
2.3 STREET ADDRESS 1100 6and Avenue South
2.4 CITY-ST-ZIP St Petersburg, FL 33705

TITLE D
NAME DENNY, KEVIN M
STREET ADDRESS 1099 5TH AVENUE NORTH
CITY-ST-ZIP ST. PETERSBURG FL

3.1 TITLE D
3.2 NAME Randall Hemsath, MD
3.3 STREET ADDRESS 601 7th Street South
3.4 CITY-ST-ZIP St Petersburg, FL 33701

TITLE D
NAME SEDER, HAROLD M
STREET ADDRESS 801 7TH STREET SOUTH
CITY-ST-ZIP ST. PETERSBURG FL

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE D
NAME PRAYER, JOEL M
STREET ADDRESS 5101 BRITTANY DRIVE SOUTH
CITY-ST-ZIP ST. PETERSBURG FL

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
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

[Signature]

4/15/98

CR2E034 (10/97)