

AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF UNPAID, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Jul 29, 1999 8:00 am
Secretary of State

07-29-1999 90027 012 ***550.00

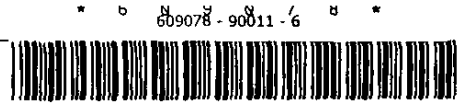


FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

PROFIT CORPORATION
ANNUAL REPORT
1999

DOCUMENT # P96000087884

1. Corporation Name
SUNCOAST PHYSICIANS GROUP, INC.



Principal Place of Business
601 SEVENTH STREET SOUTH
ST. PETERSBURG FL 33701

Mailing Address
601 SEVENTH STREET SOUTH
ST. PETERSBURG FL 33701

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/23/1996

4. FEI Number
59-3407321

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 the current year intangible Personal Property. Yes No

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. Zip Country
25. Zip Country
29. Zip Country
30. Zip Country

9. Name and Address of Current Registered Agent
~~ROHR, MICHAEL
601 SEVENTH STREET SOUTH
ST. PETERSBURG FL 33701~~

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 City
84 City
85 Zip Code

*Lynd Kiehn
601-7th Street South
St. Petersburg
FL 33701*

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]* DATE: 8/18/99

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETED
COB	GORDON, MARK R M.D.	601 SEVENTH STREET SOUTH	ST. PETERSBURG FL 33701	<input type="checkbox"/>
P	COHEN, STEVEN R M.D.	601 SEVENTH STREET SOUTH	ST. PETERSBURG FL 33701	<input type="checkbox"/>
VP	KOZLOV, NICHOLAS A M.D.	601 SEVENTH STREET SOUTH	ST. PETERSBURG FL 33701	<input type="checkbox"/>
S	BULLINGTON, W. DARRELL M.D.	601 SEVENTH STREET SOUTH	ST. PETERSBURG FL 33701	<input type="checkbox"/>
T	DRESDNER, DAVID M M.D.	601 SEVENTH STREET SOUTH	ST. PETERSBURG FL 33701	<input type="checkbox"/>
D	BEATTY, JOEL A M.D.	601 SEVENTH STREET SOUTH	ST. PETERSBURG FL 33701	<input checked="" type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
1.1	1.2	1.3	1.4	<input type="checkbox"/>	<input type="checkbox"/>
2.1	2.2	2.3	2.4	<input type="checkbox"/>	<input type="checkbox"/>
3.1	3.2	3.3	3.4	<input type="checkbox"/>	<input type="checkbox"/>
4.1	4.2	4.3	4.4	<input type="checkbox"/>	<input type="checkbox"/>
5.1	5.2	5.3	5.4	<input type="checkbox"/>	<input type="checkbox"/>
6.1	6.2	6.3	6.4	<input type="checkbox"/>	<input type="checkbox"/>

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]* DATE: 7/9/99 TELEPHONE: 727/821-1221

CRZE034 (5/99)