

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

FILED
May 01 1996 8:00 am
Secretary of State

DOCUMENT # 603332 (8)

1. Corporation Name
ST. PETERSBURG MEDICAL CLINIC, P.A.



Principal Place of Business: **1099 5 AVENUE N ST. PETERSBURG FL 33705**
Mailing Address: **1099 5 AVENUE N ST. PETERSBURG FL 33705**

3. Date Incorporated or Qualified: **12/29/1971**
3a. Date of Last Report: **07/24/1995**
4. FEI Number: **59-0706248**
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. This corporation has liability for intangible tax under s. 199.032 Florida Statutes: Yes No

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30
Suite, Apt. #, etc.
City & State
Zip Country

9. Name and Address of Current Registered Agent
**BAILEY, DAVID L.
1099 5TH AVENUE NORTH
ST. PETERSBURG FL 33705-1419**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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: *David L. Bailey* (David L. Bailey) 04/30/96

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	MARSHALL, R H	
STREET ADDRESS	1099 5TH AVE., N.	
CITY-STATE-ZIP	ST. PETERSBURG FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	BOULAY, JOSEPH A JR M	
STREET ADDRESS	1099 5TH AVE., N.	
CITY-STATE-ZIP	ST. PETERSBURG FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FRANKLIN, MICHEAL A MD	
STREET ADDRESS	1099 5TH AVENUE NORTH	
CITY-STATE-ZIP	ST. PETERSBURG FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	WOODS, ANDREA MD	
STREET ADDRESS	1099 5TH AVE NO	
CITY-STATE-ZIP	ST PETE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	YUNIS, JONATHAN P MD	
STREET ADDRESS	1099 5TH AVE., N.	
CITY-STATE-ZIP	ST. PETERSBURG FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	ELLIOT, BRIAN W MD	
STREET ADDRESS	1099 5TH AVE., N.	
CITY-STATE-ZIP	ST. PETERSBURG FL	

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12

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

See Attached

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 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: *James R. Krause, M.D.* (James R. Krause, M.D.) 04/30/96 813/892-8701

CR2E034 (12/95)

St. Petersburg Medical Clinic

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1099 Fifth Avenue North
St. Petersburg, Florida 33705-1419
Phone (813) 821-1221 FAX (813) 892-8702

IN RESPONSE TO SECTION #12 OF THE 1996 PROFIT CORPORATION ANNUAL REPORT, THE FOLLOWING LIST OF PHYSICIANS MAKE UP THE OFFICERS AND DIRECTORS OF THE ST. PETERSBURG MEDICAL CLINIC, P.A. ALL OF THESE PHYSICIANS PRACTICE AT 1099 - 5TH AVENUE NORTH ST. PETERSBURG, FL 33705-1419 (813/821-1221):

PRESIDENT: James R. Krause, M.D.
SECRETARY: Brian W. Elliott, M.D.
TREASURER: Joseph A. Boulay, Jr., M.D.
VICE PRESIDENT/DIRECTOR: George L. Ettel, Jr., M.D.
VICE PRESIDENT/DIRECTOR: Carlos M. Estevez, M.D.
VICE PRESIDENT/DIRECTOR: Michael A. Franklin, M.D.
VICE PRESIDENT/DIRECTOR: R. Holly Marshall, M.D.
VICE PRESIDENT: Wanda M. Boote, M.D.
VICE PRESIDENT: William P. Boyd, Jr., M.D.
VICE PRESIDENT: Paul H. Bridgeford, M.D.
VICE PRESIDENT: E. Eddy Burns, M.D.
VICE PRESIDENT: Richard C. Byron, M.D.
VICE PRESIDENT: Gerald Casas, M.D.
VICE PRESIDENT: William T. Cobb, M.D.
VICE PRESIDENT: Kevin M. Denny, M.D.
VICE PRESIDENT: Clark S. Fitzmorris, Jr., M.D.
VICE PRESIDENT: Susan M. Fraser, M.D.
VICE PRESIDENT: Gail I. Genvert, M.D.
VICE PRESIDENT: John H. Gerber, M.D.
VICE PRESIDENT: Robert R. Koch, Jr., M.D.
VICE PRESIDENT: Roland M. Lajoie, M.D.

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**ST. PETERSBURG MEDICAL CLINIC, P.A.
OFFICERS AND DIRECTORS
PAGE TWO (2)**

VICE PRESIDENT: Donna Miller, M.D.
VICE PRESIDENT: Henry E. Newman, M.D.
VICE PRESIDENT: Kathleen R. Prather, M.D.
VICE PRESIDENT: Robert A. Reichert, M.D.
VICE PRESIDENT: Newton W. Rogers, M.D.
VICE PRESIDENT: Don M. Spivey, M.D.
VICE PRESIDENT: Susan M. Wehr, M.D.
VICE PRESIDENT: Allan S. Weiss, M.D.
VICE PRESIDENT: Andrea Woods, M.D.
VICE PRESIDENT: Victoria Woods, M.D.