

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Feb 18 1997 8:00am
Secretary of State

DOCUMENT # **F07354**

(6)

1. Corporation Name:
TAMPA MEDICAL GROUP, P.A.



Principal Place of Business
**4700 N HABANA AVE STE 201
TAMPA FL 33614**

Mailing Address
**4700 N HABANA AVE STE 201
TAMPA FL 33614-7117**

3. Date Incorporated or Qualified 12/01/1980	3a. Date of Last Report 04/22/1996
4. FEI Number 59-2041688	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> 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	28. Zip
24. Country	29. Country

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
MCILWAIN, HARRIS H MD 4700 N HABANA AVE, STE 201 TAMPA FL 33614		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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SILVERFIELD, JOEL C	12. NAME	
STREET ADDRESS	4700 N HABANA AVE #201	13. STREET ADDRESS	
CITY- ST- ZIP	TAMPA FL 33614	14. CITY- ST- ZIP	
TITLE	PT	21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SILVERFIELD, JOEL C	22. NAME	
STREET ADDRESS	4700 N HABANA AVE #201	23. STREET ADDRESS	
CITY- ST- ZIP	TAMPA FL 33614	24. CITY- ST- ZIP	
TITLE	VS	31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCILWAIN, HARRIS H	32. NAME	
STREET ADDRESS	4700 N HABANA AVE #201	33. STREET ADDRESS	
CITY- ST- ZIP	TAMPA FL 33614	34. CITY- ST- ZIP	
TITLE	D	41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCILWAIN, HARRIS H	42. NAME	
STREET ADDRESS	4700 N HABANA AVE #201	43. STREET ADDRESS	
CITY- ST- ZIP	TAMPA FL 33614	44. CITY- ST- ZIP	
TITLE		51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52. NAME	
STREET ADDRESS		53. STREET ADDRESS	
CITY- ST- ZIP		54. CITY- ST- ZIP	
TITLE		61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY- ST- ZIP		64. CITY- ST- ZIP	

14. I do 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: 2/10/97 813-879-5485
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____

CR2E034 (9/96)