

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

FILED

Feb 17 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 # K03002 (8)

1. Corporation Name
ST. JOSEPH'S PHYSICIAN ASSOCIATES, INC.

Principal Place of Business P. O. BOX 151526 TAMPA FL 33684-8526	Mailing Address P. O. BOX 151526 TAMPA FL 33684-8526
--	--



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 11/20/1987	
4. FEI Number 59-2858209		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					

9. Name and Address of Current Registered Agent CERNUDA, CHARLES E., M.D. 4900 N. HABANA AVE TAMPA FL 33614				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, in both, 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 *Charles E. Cernuda* DATE 1/26/98

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD NORMAN CASTELLANO, M.D. 2727 W. M.L. KING JR. BLVD., SUITE 450 TAMPA FL	1.1 TITLE	CD
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	CD MAWN, THOMAS J MD 4710 N HABANA AVE, STE 400 TAMPA FL	2.1 TITLE	TD LURIA, WILLIAM MD 2727 W. MLKING JR BLVD SUITE 500 TAMPA FL 33607
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	TD BOYER, ANDREW G. M.D. 2727 W. M.L. KING JR. BLVD, STE 450 TAMPA FL	3.1 TITLE	VD MILLER, ALLEN MD 4612 N. HABANA AVE SUITE 203 TAMPA FL 33614
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	D CERNUDA, CHARLES 4900 N. HABANA AVE. TAMPA FL	4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	VD EDGERTON W. BRUCE 2708 W. DR. M.L. KING JR. BLVD, SUITE A TAMPA FL	5.1 TITLE	SD
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	SD BRANNAN, ANTHONY 4700 N. HABANA AVE., SUITE 403 TAMPA FL	6.1 TITLE	PD
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: *Anthony Brannan, M.D.* (813) 854-4668
DATE: 1/26/98

CR2E034 (10/97)