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Mar 06 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONSDOCUMENT # N51297 (2)  
1. Corporation Name  
SERTOMA HEALTH PROFESSIONALS OF TAMPA, INC.

Principal Place of Business

Mailing Address

5830 MEMORIAL HWY  
# 324  
TAMPA FL 33615  
US5830 MEMORIAL HWY  
# 324  
TAMPA FL 33615-5047  
US

2. Principal Place of Business

2a. Mailing Address

21 3708 DeLeon St

26 3708 DeLeon St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Tampa, FL

27 Tampa, FL

City &amp; State

City &amp; State

23 Zip 33609 Country Hillsborough

28 Zip 33609 Country Hillsborough

Zip

Country

Zip

Country

24 33609

25 Hillsborough

29 33609

30 Hillsborough

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GORDON, STEVEN R  
5830 MEMORIAL HWY.  
# 324  
TAMPA FL 33615

81 Name Brenna J Callaghan

82 Street Address (P.O. Box Number Is Not Acceptable)

3708 DeLeon St

83

84 City Tampa

FL

85 Zip Code 33609

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Brenna J Callaghan

(NOTE: Registered Agent signature required when reinstating)

3/2/97

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D  
NAME AMUSO, PHILIP T.  
STREET ADDRESS 3418 HUNTERS RUN LANE  
CITY-ST-ZIP TAMPA FL1.1 TITLE T  
1.2 NAME Callaghan, Brenna J  
1.3 STREET ADDRESS 3708 DeLeon St  
1.4 CITY-ST-ZIP Tampa, FL 33609TITLE D  
NAME CURTIS, PAM  
STREET ADDRESS 2502-B W. TEXAS AVENUE  
CITY-ST-ZIP TAMPA FL2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIPTITLE CD  
NAME CHMIELEWSKI, THOMAS  
STREET ADDRESS 2908 ESTRELLA STRET  
CITY-ST-ZIP TAMPA FL3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIPTITLE T  
NAME GORDON, STEVEN R  
STREET ADDRESS 5830 MEMORIAL HWY, # 324  
CITY-ST-ZIP TAMPA FL4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIPTITLE P  
NAME STAUB, LIZ  
STREET ADDRESS 8402 CALADESI ISL DR.  
CITY-ST-ZIP TEMPLE TERRACE FL5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIPTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Brenna J Callaghan

2/11/97 (183) 874-6490

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0048259

CR2E037 (9/96)