

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 06 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # N51297 (2)

1. Corporation Name
SERTOMA HEALTH PROFESSIONALS OF TAMPA, INC.



Principal Place of Business Mailing Address
5830 MEMORIAL HWY # 324 TAMPA FL 33615 US
5830 MEMORIAL HWY # 324 TAMPA FL 33615-5047 US

2. Principal Place of Business 21 3708 DeLeon St
Suite, Apt. #, etc. 22 Tampa, FL
City & State 23
Zip 24 33609 Country 25 Hillsborough
26 3708 DeLeon St
Suite, Apt. #, etc. 27
City & State 28 Tampa, FL
Zip 29 33609 Country 30 Hillsborough

4. FEI Number 59-3150477 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
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
GORDON, STEVEN R
5830 MEMORIAL HWY.
324
TAMPA FL 33615

10. Name and Address of New Registered Agent
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) DATE: 3/2/97

Table with 5 rows and 2 columns: OFFICERS AND DIRECTORS. Columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Includes entries for AMUSO, PHILIP T., CURTIS, PAM, CHMIELEWSKI, THOMAS, GORDON, STEVEN R, and STAUB, LIZ.

Table with 6 rows and 2 columns: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. Columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Includes entry for Callaghan, Brenna J.

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 (Typed name) DATE: 2/11/97 (813) 874-6490 Daytime Phone # 0048259

CR2E037 (9/96)