

FILE NOW: FILING FEE IS \$61.25

FILED
May 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # **N51297 (2)**
1. Corporation Name
SERTOMA HEALTH PROFESSIONALS OF TAMPA, INC.



Principal Place of Business 3708 DE LEON ST. TAMPA FL 33609 US	Mailing Address 3708 DE LEON ST. TAMPA FL 33609 US
--	--

3. Date Incorporated or Qualified 10/10/1992	
4. FEI Number 59-3150477	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 8402 CALADESI Island DR Suite, Apt. #, etc. 22	2a. Mailing Address 26 8402 CALADESI Island DR Suite, Apt. #, etc. 27
City & State 23 Temple Terrace, FL Zip Country 24 33637 USA	City & State 28 Temple Terrace, FL Zip Country 29 33637 USA

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
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent CALLAGHAN, BRENNIA J. 3708 DE LEON ST. TAMPA FL 33609	
---	--

10. Name and Address of New Registered Agent	
81 Name Elizabeth J. STAUB	82 Street Address (P.O. Box Number is Not Acceptable) 8402 CALADESI Island Drive
83	84 City Temple Terrace
85 Zip Code 33637	86 State FL

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 Elizabeth J. Staub DATE 3/18/98
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE D	<input type="checkbox"/> DELETE
NAME AMUSO, PHILIP T.	
STREET ADDRESS 3418 HUNTERS RUN LANE	
CITY-ST-ZIP TAMPA FL	
TITLE D	<input checked="" type="checkbox"/> DELETE
NAME CURTIS, PAM	
STREET ADDRESS 2502-B W. TEXAS AVENUE	
CITY-ST-ZIP TAMPA FL	
TITLE CD	<input checked="" type="checkbox"/> DELETE
NAME CHMIELEWSKI, THOMAS	
STREET ADDRESS 2908 ESTRELLA STRET	
CITY-ST-ZIP TAMPA FL	
TITLE T	<input checked="" type="checkbox"/> DELETE
NAME CALLAGHAN, BRENNIA J.	
STREET ADDRESS 3708 DE LEON ST.	
CITY-ST-ZIP TAMPA FL	
TITLE P	<input type="checkbox"/> DELETE
NAME STAUB, LIZ	
STREET ADDRESS 8402 CALADESI ISL DR.	
CITY-ST-ZIP TEMPLE TERRACE FL	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME CHURCH, KIMBERLY	
2.3 STREET ADDRESS 22867 Southshore Drive	
2.4 CITY-ST-ZIP LAND O' LAKES, FL 34639	
3.1 TITLE S/T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME PINNEY, ROBERTA	
3.3 STREET ADDRESS 4120 E BAY ROAD #41	
3.4 CITY-ST-ZIP RUSKIN, FL 33570	
4.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME GERDA ANDERSON	
4.3 STREET ADDRESS 5615 GATEWAY DR	
4.4 CITY-ST-ZIP TAMPA, FL 33615	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Elizabeth J. Staub (ELIZABETH) J. STAUB 4/28/97 813 253-4292

CP2E037 (10/97)