

FILE NOW: FILING FEE IS \$61.25

FILED

May 06 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N51297 (2)**  
1. Corporation Name  
**SERTOMA HEALTH PROFESSIONALS OF TAMPA, INC.**



Principal Place of Business <b>3708 DE LEON ST. TAMPA FL 33609 US</b>	Mailing Address <b>3708 DE LEON ST. TAMPA FL 33609 US</b>
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2. Principal Place of Business <b>21 8402 CALADESI Island Dr</b> Suite, Apt. #, etc.	2a. Mailing Address <b>26 8402 CALADESI Island Dr</b> Suite, Apt. #, etc.
City & State <b>23 Temple Terrace, FL</b> Zip Country <b>24 33637 25 USA</b>	City & State <b>27 Temple Terrace, FL</b> Zip Country <b>29 33637 30 USA</b>

3. Date Incorporated or Qualified <b>10/10/1992</b>	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number <b>59-3150477</b>	
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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 <b>CALLAGHAN, BRENNIA J. 3708 DE LEON ST. TAMPA FL 33609</b>	10. Name and Address of New Registered Agent <b>81 Name Elizabeth J. STAUB</b> <b>82 Street Address (P.O. Box Number is Not Acceptable) 8402 CALADESI Island Drive</b> <b>83</b> <b>84 City Temple Terrace FL 85 Zip Code 33637</b>
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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  
(NOTE: Registered Agent signature required when reinstating)

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE <b>CD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE <b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME <b>CHURCH, KIMBERLY</b>	
2.3 STREET ADDRESS <b>22867 Southshore Drive</b>	
2.4 CITY-ST-ZIP <b>LAND O' LAKES, FL 34639</b>	
3.1 TITLE <b>S/T/D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME <b>PINNEY, ROBERTA</b>	
3.3 STREET ADDRESS <b>4120 E BAY ROAD #41</b>	
3.4 CITY-ST-ZIP <b>RUSKIN, FL 33570</b>	
4.1 TITLE <b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME <b>GERDA ANDERSON</b>	
4.3 STREET ADDRESS <b>5615 GATEWAY DR</b>	
4.4 CITY-ST-ZIP <b>TAMPA, FL 33615</b>	
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**

CR2E037 (10/97)