


FILE NOW: FILING FEE IS \$61.25

FILED
May 07, 1999 8:00 am
Secretary of State

05-07-1999 90125 015 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N51297

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

Principal Place of Business 8402 CALADESI ISLAND DR TEMPLE TERRACE FL 33637 US	Mailing Address 8402 CALADESI ISLAND DR TEMPLE TERRACE FL 33637 US
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 10/10/1992
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 59-3150477
22. City & State	27. City & State	Applied For <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
23. Zip	28. Zip	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24. Country	29. Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent STAUB, ELIZABETH J. 8402 CALADESI ISLAND DR TEMPLE TERRACE FL 33637	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AMUSO, PHILIP T.	1.2 NAME	
STREET ADDRESS	3418 HUNTERS RUN LANE	1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHURCH, KIMBERLY	2.2 NAME	
STREET ADDRESS	22867 SOUTHSORE DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	LAND O' LAKES FL 34639	2.4 CITY-ST-ZIP	
TITLE	STD <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PINNEY, ROBERTA	3.2 NAME	<i>Pinney Roberta</i>
STREET ADDRESS	4120 C BAY RD #41	3.3 STREET ADDRESS	
CITY-ST-ZIP	RUSKIN FL 33570	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDERSON, GERDA	4.2 NAME	<i>ANDERSON Gerda</i>
STREET ADDRESS	5615 GATEWAY DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33615	4.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STAUB, LIZ	5.2 NAME	
STREET ADDRESS	8402 CALADESI ISL DR.	5.3 STREET ADDRESS	
CITY-ST-ZIP	TEMPLE TERRACE FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Elizabeth J. Staub* **ELIZABETH J. STAUB** 4/30/99 (813) 985-5409
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (1/98)