

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
 AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$238.25.)

APPROVED  
AND  
FILED

97 NOV 13 PM 1:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

NONPROFIT CORPORATION ANNUAL REPORT 1996

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

DOCUMENT # N94000001047  
 1. Corporation Name  
 MEMORIAL TOWN & COUNTRY PHO, INC.  
 2901 SWANN AVENUE  
 TAMPA, FL 33609

Principal Place of Business: 2901 SWANN AVE. Tampa, FL 33609  
 Mailing Address: TENET NETWORK MGT. 1609 PASADENA AVE. S. # 4M ST. PETERSBURG, FL 33707

REINSTATEMENT 96-97

2. Principal Place of Business  
 21 Suite, Apt. #, etc.  
 22 City & State  
 23 Zip Country  
 24 Zip Country

3. Date Incorporated or Qualified: 3-2-94  
 3a. Date of Last Report: 4/21/95  
 4. FEI Number: 59-3227114  
 5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
 6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent  
 700002349337--5  
 -11/17/97--01131--012  
 \*\*\*\*297.50 \*\*\*\*297.50

10. Name and Address of New Registered Agent  
 81 Name: JOHN MAINIERI  
 82 Street Address (P.O. Box Number is Not Acceptable): MEMORIAL HOSPITAL OF Tampa  
 83 2901 SWANN AVE.  
 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 617.0603, Florida Statutes.

SIGNATURE: [Signature] (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D	DELETE
NAME	York, Woody N. MD	
STREET ADDRESS	1223 Roxemere Rd.	
CITY-ST-ZIP	Tampa, FL 33629	
TITLE	D	DELETE
NAME	Zamore, Gary A. MD	
STREET ADDRESS	2919 Swann Ave. #203	
CITY-ST-ZIP	Tampa, FL 33609	
TITLE	D	DELETE
NAME	Henthorne, Keith	
STREET ADDRESS	2901 Swann Ave.	
CITY-ST-ZIP	Tampa, FL 33609	
TITLE	D	DELETE
NAME	Dusenber, Jack	
STREET ADDRESS	2901 Swann Ave.	
CITY-ST-ZIP	Tampa, FL 33609	
TITLE	D	DELETE
NAME	Homan, James R do	
STREET ADDRESS	4212 S. Manhattan	
CITY-ST-ZIP	Tampa, FL 33611	
TITLE	D	DELETE
NAME	Hanan, Morris H MD	
STREET ADDRESS	508 S. Habana Ave. # 260	
CITY-ST-ZIP	Tampa, FL 33609	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

1.1 TITLE	D	Change	Addition
1.2 NAME	Colin Chircop, D.O.		
1.3 STREET ADDRESS	4224 N. Tampania Ave.		
1.4 CITY-ST-ZIP	Tampa, FL 33607		
2.1 TITLE	D	Change	Addition
2.2 NAME	Cromer, Michael MD		
2.3 STREET ADDRESS	4802 Gunn Hwy. #155		
2.4 CITY-ST-ZIP	Tampa, FL 33624		
3.1 TITLE	D	Change	Addition
3.2 NAME	Theodore, Margaret, M.D.		
3.3 STREET ADDRESS	5420 Webb Rd. # B-1		
3.4 CITY-ST-ZIP	Tampa, FL 33615		
4.1 TITLE	D	Change	Addition
4.2 NAME	Perrino, Scott, M.D.		
4.3 STREET ADDRESS	6101 Webb Rd. # 204		
4.4 CITY-ST-ZIP	Tampa, FL 33615		
5.1 TITLE	Chairman	Change	Addition
5.2 NAME	MILLS, RANDY		
5.3 STREET ADDRESS	2901 SWANN. AVE.		
5.4 CITY-ST-ZIP	Tampa, FL 33609		
6.1 TITLE	D	Change	Addition
6.2 NAME	T Mainieri, John		
6.3 STREET ADDRESS	2901 Swann Ave.		
6.4 CITY-ST-ZIP	Tampa, FL 33609		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: [Signature] (813) 873-6450  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (3/96)