


**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Feb 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 # N94000001047 (9)**

1. Corporation Name  
**MEMORIAL/TOWN & COUNTRY PHO, INC.**



Principal Place of Business <b>2901 SWANN AVE. TAMPA FL 33609</b>	Mailing Address <b>TENET NETWORK MGT 1609 PASADENA AVE S. #4M ST. PETERSBURG FL 33707</b>
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3. Date Incorporated or Qualified <b>03/02/1994</b>
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4. FEI Number <b>59-3227114</b>	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
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2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
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6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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City & State <b>23</b>	City & State <b>28</b>
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7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Zip <b>24</b>	Country <b>25</b>	Zip <b>29</b>	Country <b>30</b>
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8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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9. Name and Address of Current Registered Agent	
<b>MAINIERI, JOHN MEMORIAL HOSPITAL OF TAMPA 2901 SWANN AVE TAMPA FL 33609</b>	

10. Name and Address of New Registered Agent	
<b>81</b> Name	
<b>82</b> Street Address (P.O. Box Number Is Not Acceptable)	
<b>83</b>	
<b>84</b> City	<b>FL</b>
<b>85</b> Zip Code	

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>COLIN, CHIRCOP D.O.</b>
STREET ADDRESS	<b>4224 N TAMPANIA AVE</b>
CITY-ST-ZIP	<b>TAMPA FL 33607</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>CROMER, MICHAEL MD</b>
STREET ADDRESS	<b>4802 GUNN HWY #155</b>
CITY-ST-ZIP	<b>TAMPA FL 33624</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>THEODORE, MARGARET MD</b>
STREET ADDRESS	<b>5420 WEBB RD #B-1</b>
CITY-ST-ZIP	<b>TAMPA FL 33615</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>PERRINO, SCOTT MD</b>
STREET ADDRESS	<b>6101 WEBB RD #204</b>
CITY-ST-ZIP	<b>TAMPA FL 33615</b>
TITLE	<b>C</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>MILLS, RANDY</b>
STREET ADDRESS	<b>2901 SWANN AVE</b>
CITY-ST-ZIP	<b>TAMPA FL 33609</b>
TITLE	<b>DT</b> <input type="checkbox"/> DELETE
NAME	<b>MAINIERI, JOHN</b>
STREET ADDRESS	<b>2901 SWANN AVE</b>
CITY-ST-ZIP	<b>TAMPA FL 33609</b>

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>CHIRCOP, COLIN, D.O.</b>
1.3 STREET ADDRESS	<b>4710 N. HABANA, # 301 A</b>
1.4 CITY-ST-ZIP	<b>TAMPA, FL 33614</b>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>SCOTT, CHARLES</b>
5.3 STREET ADDRESS	<b>2901 SWANN AVE</b>
5.4 CITY-ST-ZIP	<b>TAMPA, FL 33609</b>
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: \_\_\_\_\_ (813) 873-6450  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 005-1234

CR2E037 (10/97)