


FILE NOW: FILING FEE IS \$61.25

FILED

**Feb 06 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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 2901 SWANN AVE. TAMPA FL 33609	Mailing Address TENET NETWORK MGT 1609 PASADENA AVE. S. #4M ST. PETERSBURG FL 33707
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3. Date Incorporated or Qualified
03/02/1994

4. FEI Number
59-3227114

Applied For	
Not Applicable	<input checked="" type="checkbox"/>

2. Principal Place of Business
21

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

Suite, Apt. #, etc.
22

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

City & State
23

7. Is this nonprofit corporation a homeowners association?
 Yes No

Zip
24

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

**MAINIERI, JOHN
MEMORIAL HOSPITAL OF TAMPA
2901 SWANN AVE
TAMPA FL 33609**

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	

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	CHIRCOP, COLIN, D.O.	
1.3 STREET ADDRESS	4710 N. HABANA, # 301 A	
1.4 CITY-ST-ZIP	TAMPA, FL 33614	
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	C	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	SCOTT, CHARLES	
5.3 STREET ADDRESS	2901 SWANN AVE	
5.4 CITY-ST-ZIP	TAMPA, FL 33609	
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 # 005-1239

CR2E037 (10/97)