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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

Mailing Address

**2901 SWANN AVE.
TAMPA FL 33609**

**TENET NETWORK MGT
1609 PASADENA AVE. S. #4M
ST. PETERSBURG FL 33707**

3. Date Incorporated or Qualified

03/02/1994

4. FEI Number

59-3227114

Applied For

☐ Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE
NAME **COLIN, CHIRCOP D.O.**
STREET ADDRESS **4224 N TAMPANIA AVE**
CITY-ST-ZIP **TAMPA FL 33607**

TITLE **D** ☐ DELETE
NAME **CROMER, MICHAEL MD**
STREET ADDRESS **4802 GUNN HWY #155**
CITY-ST-ZIP **TAMPA FL 33624**

TITLE **D** ☐ DELETE
NAME **THEODORE, MARGARET MD**
STREET ADDRESS **5420 WEBB RD #B-1**
CITY-ST-ZIP **TAMPA FL 33615**

TITLE **D** ☐ DELETE
NAME **PERRINO, SCOTT MD**
STREET ADDRESS **6101 WEBB RD #204**
CITY-ST-ZIP **TAMPA FL 33615**

TITLE **C** ☒ DELETE
NAME **MILLS, RANDY**
STREET ADDRESS **2901 SWANN AVE**
CITY-ST-ZIP **TAMPA FL 33690**

TITLE **DT** ☐ DELETE
NAME **MAINIERI, JOHN**
STREET ADDRESS **2901 SWANN AVE**
CITY-ST-ZIP **TAMPA FL 33609**

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

D ☒ Change ☐ Addition
CHIRCOP, COLIN, D.O.
4710 N. HABANA, # 301 A
TAMPA, FL 33614

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

C ☐ Change ☒ Addition
SCOTT, CHARLES
2901 SWANN AVE
TAMPA, FL 33609

☐ Change ☐ Addition

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(813) 873-6450

Daytime Phone # 005-1239

CR2E037 (10/97)