

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90087 044 ****70.00

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DOCUMENT # N94000001047

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

03/02/1994

4. FEI Number

59-3227114

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

6. Election Campaign Financing

□

\$5.00 May Be
Added to Fees

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

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

(NOTE: Registered Agent signature required when reinstating)

1/28/99

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME COLIN, CHIRCOP D.O.
STREET ADDRESS 4710 N HABANA #301-A
CITY-ST-ZIP TAMPA FL 33614

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 SCOTT, CHARLES
STREET ADDRESS 2901 SWANN AVE
CITY-ST-ZIP TAMPA FL 33609

TITLE DT ☐ 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 ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)