


FILE NOW: FILING FEE IS \$61.25

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

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

0052939

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
---	---	--

**DOCUMENT # N94000001047**

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

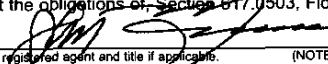
Principal Place of Business 2901 SWANN AVE. TAMPA FL 33609	Mailing Address TENET NETWORK MGT 1609 PASADENA AVE. S., #4M ST. PETERSBURG FL 33707
--	---



2. Principal Place of Business 21	2a. Mailing Address 26 <b>6001 Webb Rd</b>	3. Date Incorporated or Qualified <b>03/02/1994</b>
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number <b>59-3227114</b>
City & State 23	City & State <b>Tampa FL</b>	5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
	Zip 29 <b>33615</b>	Country 30 <b>U.S.</b>

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	<b>FL</b>
		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:  DATE: **1/28/99**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>COLIN, CHIRCOP D.O.</b>	1.2 NAME	
STREET ADDRESS	<b>4710 N HABANA #301-A</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TAMPA FL 33614</b>	1.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CROMER, MICHAEL MD</b>	2.2 NAME	
STREET ADDRESS	<b>4802 GUNN HWY #155</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TAMPA FL 33624</b>	2.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>THEODORE, MARGARET MD</b>	3.2 NAME	
STREET ADDRESS	<b>5420 WEBB RD #B-1</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TAMPA FL 33615</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PERRINO, SCOTT MD</b>	4.2 NAME	
STREET ADDRESS	<b>6101 WEBB RD #204</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TAMPA FL 33615</b>	4.4 CITY-ST-ZIP	
TITLE	<b>C</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SCOTT, CHARLES</b>	5.2 NAME	
STREET ADDRESS	<b>2901 SWANN AVE</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TAMPA FL 33609</b>	5.4 CITY-ST-ZIP	
TITLE	<b>DT</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MAINIERI, JOHN</b>	6.2 NAME	
STREET ADDRESS	<b>2901 SWANN AVE</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TAMPA FL 33609</b>	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:  DATE: **1/28/99**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (11/98)