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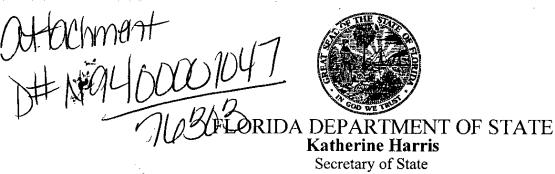
8/3 873-6

2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE REQUIRED

SIGNATURE:

Jul 13, 2001 8:00 am **Secretary of State** DOCUMENT # N9400001047 06-19-2001 90009 015 ****61.25 1. Entity Name MEMORIAL/TOWN & COUNTRY PHO, INC. Principal Place of Business Mailing Address 2901 SWANN AVE. 6001 WEB8 RD. **TAMPA FL 33609** TAMPA FL 33615 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-3227114 Not Applicable Country Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) MAINIERI, JOHN MEMORIAL HOSPITAL OF TAMPA 2901 SWANN AVE Zip Code City **TAMPA FL 33609** FL 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida SIGNATURE Signature, typed or printed name of registered agent and tide if applicable. DATE (NOTE: Registered Agent signature required when rainstating) \$5.00 May Be Make Check Payable to FILE NOW: 9. Election Campaign Financing Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. Defete Addition TITLE TITLE COLIN, CHIRCOP D.O. NAME STREET ADDRESS STREET ADDRESS 4710 N HABANA #301-A CITY-ST-ZIP CITY-ST-ZIP TAMPA FL 33614 Delete ☐ Addition CROMER, MICHAEL MD NAME NAME STREET ADDRESS STREET ADDRESS 4802 GUNN HWY #155 CITY-ST-ZIP CITY-ST-ZIP TAMPA FL 33624 ☐ Addition TITLE ď Delete TITLE NAME THEODORE, MARGARET MD NAME STREET ADDRESS STREET ADDRESS 5420 WEBB RD #B-1 CITY-ST-ZIP CITY-ST-ZIP **TAMPA FL 33615** TITLE ☐ Addition TITLE ☐ Defete ☐ Change NAME PERRINO, SCOTT MD NAME STREET ADDRESS 6101 WEBB RD #204 STREET ADDRESS CITY-\$1-ZIP CITY-ST-ZIP TAMPA FL 33615 CHIEF EXECUTIVE OFFICER Change TITLE Delete TITLE NAME SCOTT, CHARLES NAME CONNIE HAWTHORN STREET ADDRESS STREET ADDRESS 2901 SWANN AVE 2901 SWANN AVE I TAMPA FL 33609 CITY-ST-ZIP CITY-ST-7IP TAMPA FL 33609 TITLE ☐ Change ☐ Addition Delete TILE דמ MAINIERI, JOHN STREET ADDRESS 2901 SWANN AVE STREET ADDRESS CITY-ST-ZIP **TAMPA FL 33609** 12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.



June 19, 2001

MEMORIAL/TOWN & COUNTRY PHO, INC. 6001 WEBB RD. TAMPA, FL 33615

Subject: MEMORIAL/TOWN & COUNTRY PHO, INC.

Reference

-N94000001047-

Number:

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$61.25; however, the report has not been filed and a copy is being returned for the following correction(s):

The annual report/uniform business report must be signed by an officer or director of the corporation.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/TM ANNUAL REPORTS SECTION