FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE **Sandra B. Mortham** Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #   N94000003321 (6)

1. Corporation Name

TAMPA BAY PULMONARY & CRITICAL CARE NETWORK, INC

Principal Place of Business	Mailing Address
2323 CURLEW ROAD. SUITE 7E PALM HARBOR FL 34683	2323 CURLEW ROAD. SUITE 7E PALM HARBOR FL 34683

3. Date Incorporated or Qualified
06/30/1994

4. FEI Number **59-3258352**	Applied For
	Not Applicable

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

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

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

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

	2. Principal Place of Business		2a. Mailing Address
21		26	
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.
23	City & State	28	City & State
24	Zip	25	Country	29	Zip	30	Country

9. Name and Address of Current Registered Agent

~~ABERNATHY, J. MARK~~
2323 CURLEW ROAD, SUITE 7E
PALM HARBOR FL 34683

10. Name and Address of New Registered Agent

81	Name	*Charles Jacobson*
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 _____   4/20/98
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	PD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	KREITZER, STEPHEN		1.2 NAME	
STREET ADDRESS	2919 SWANN AVENUE		1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL		1.4 CITY-ST-ZIP	
TITLE	VSD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	DUNN, LEONARD M		2.2 NAME	
STREET ADDRESS	601 MAIN ST., 5TH FLOOR		2.3 STREET ADDRESS	
CITY-ST-ZIP	DUNEDIN FL		2.4 CITY-ST-ZIP	
TITLE	TD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	SEEMAN, MICHAEL M.D.		3.2 NAME	
STREET ADDRESS	2210 61ST ST. WEST		3.3 STREET ADDRESS	
CITY-ST-ZIP	BRADENTON FL		3.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	AMIN, DEVENDRA M.D.		4.2 NAME	
STREET ADDRESS	1013 LOTUS PATH		4.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL 34616		4.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	POWELL, RICHARD S M.D.		5.2 NAME	
STREET ADDRESS	910 OAKFIELD DRIVE, #102		5.3 STREET ADDRESS	
CITY-ST-ZIP	BRANDON FL 33511		5.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	GREENSPAN, GARY M.D.		6.2 NAME	
STREET ADDRESS	601 MAIN STREET, 5TH FLOOR		6.3 STREET ADDRESS	
CITY-ST-ZIP	DUNEDIN FL 34698		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: _____ MICHAEL D. BEEMAN, M.D. _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

CR2E037 (10/97)