

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000005698 (5)

1. Corporation Name

UNIVERSITY OF SOUTH FLORIDA (USF) PHYSICIANS GRO
UP, INC.

Principal Place of Business

3500 E FLETCHER AVENUE
SUITE 530
TAMPA FL 33613

Mailing Address

3500 E FLETCHER AVENUE
SUITE 530
TAMPA FL 33613

FILED
Mar 06, 1996 08:00 AM
Secretary of State



2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country
3. Date Incorporated or Qualified		3a. Date of Last Report	
11/15/1994		10/09/1995	
4. FEI Number		Applied For	
59-3284241		Not Applicable	
5. Certificate of Status Desired		\$8.75 Additional Fee Required	
6. Election Campaign Financing		\$5.00 May Be Added to Fees	
Trust Fund Contribution		7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
8. Yes		No	

9. Name and Address of Current Registered Agent

SEGREST, NOREEN
4202 E. FOWLER AVENUE
ADM 250
TAMPA FL 33620

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)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SILBINGER, MARTIN L MD	1.2 NAME	
STREET ADDRESS	3500 E FLETCHER AVENUE, SUITE 530	1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33613	1.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOFFMANN, RICHARD P MD	2.2 NAME	
STREET ADDRESS	3500 E FLETCHER AVENUE, SUITE 530	2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33613	2.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLARK, ROBERT A MD	3.2 NAME	
STREET ADDRESS	3500 E FLETCHER AVENUE, SUITE 530	3.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33613	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Richard P. Hoffmann, M.D.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-13-96

Date

813 974 8420

Daytime Phone #

CR2E037 (12/95)