


FILE NOW: FILING FEE IS \$61.25

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Feb 06 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998				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 12901 BRUCE B. DOWNS BLVD. TAMPA FL 33612			Mailing Address MDC BOX 62 TAMPA FL 33612		
2. Principal Place of Business		2a. Mailing Address			
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.			
22 City & State		27 City & State			
23 Zip		25 Country		28 Zip	
24		29		30	
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 SILBIGER, 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 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:

SIG. *Richard P. Hoffmann*  
Richard P. Hoffmann, M.D., President

1-19-98

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