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 # **N95000005544 (0)**

1. Corporation Name

TAMPA GENERAL HEALTHCARE ASSOCIATION OF PRIVATE PHYSICIANS, INC.

Principal Place of Business	Mailing Address
101 E KENNEDY BLVD BARNETT PLAZA SUITE 1240 TAMPA FL 33602	101 E KENNEDY BLVD BARNETT PLAZA SUITE 1240 TAMPA FL 33602

3. Date Incorporated or Qualified: 11/20/1995
3a. Date of Last Report:

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

4. FEI Number: 59-3348066 ☐ 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

8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

BROWN, MICHAEL N
ALLEN, DELL, FRANK & TRINKLE
101 E KENNEDY BLVD SUITE 1240
TAMPA FL 33602

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 _____ (NOTE: Registered Agent Signature required for each change listed.) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 19		
TITLE	P/C	☐ DELETE	11 TITLE		☐ Change ☐ Addition
NAME	Mark A. Smith, M. D.		12 NAME	Devanand Mangar, M. D.	D
STREET ADDRESS	4726 N. Habana Ave., #204		13 STREET ADDRESS	28 Ladoga Avenue	
CITY-ST-ZIP	Tampa, FL 33614		14 CITY-ST-ZIP	Tampa, FL 33606	
TITLE	V	☐ DELETE	21 TITLE		☐ Change ☐ Addition
NAME	Margarita R. Cancio, M. D.		22 NAME	Jose W. Rodriguez, M. d.	D
STREET ADDRESS	4 Columbia Drive, #820		23 STREET ADDRESS	3000 Medical Park Dr., #100	
CITY-ST-ZIP	Tampa, FL 33606		24 CITY-ST-ZIP	Tampa, FL 33613	
TITLE	S	☐ DELETE	31 TITLE		☐ Change ☐ Addition
NAME	Stephen M. Sergay, M. D.		32 NAME	David J. Samuels, M. D.	D
STREET ADDRESS	2919 Swann Avenue, #401		33 STREET ADDRESS	1 Davis Blvd.	
CITY-ST-ZIP	Tampa, FL 33609		34 CITY-ST-ZIP	Tampa, FL 33606	
TITLE		☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME	Loren J. Bartels, M. D.	D	42 NAME		
STREET ADDRESS	4 Columbia Drive, #610		43 STREET ADDRESS		
CITY-ST-ZIP	Tampa, FL 33606		44 CITY-ST-ZIP		
TITLE		☐ DELETE	51 TITLE	900001761438	☐ Change ☐ Addition
NAME	Jorge I. Castellvi, M. D.	D	52 NAME	-03/28/96--01081--014	
STREET ADDRESS	3675 W. Waters Avenue		53 STREET ADDRESS	***61.25	
CITY-ST-ZIP	Tampa, FL 33607-6439		54 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME	Marcos F. Lorenzo, M. D.	D	62 NAME		
STREET ADDRESS	5802 North 30th Street		63 STREET ADDRESS		
CITY-ST-ZIP	Tampa, FL 33610		64 CITY-ST-ZIP		

CR2E037 (12/95)

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: Mark A. Smith — 2/26/96 — 3/28/96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

Mark A. Smith, M. D.

Daytime Phone #: (813) 251-7218