FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # N95000005544 (0)
1. Corporation Name

TAMPA GENERAL HEALTHCARE ASSOCIATION OF PRIVATE PHYSICIANS, INC.

Principal Place of Business Mailing Address 101 E KENNEDY BLVD 101 E KENNEDY BLVD BARNETT PLAZA SUITE 1240 TAMPA FL 33602-5178 BARNETT PLAZA SUITE 1240 TAMPA FL 33602 3. Date incorporated or Qualified 11/20/1995 3a. Date of Last Repo 03/28/1996 2. Principal Place of Business 2a. Mailing Address Applied For 59-3348066 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Regulred 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 П 28 Trust Fund Contribution Added to Fees Zip Country Zip Country B. This corporation has liability for intangible tax under s. 199.032, 24 Yes No 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name BROWN, MICHAEL N 82 Street Address (P.O. Box Number is Not Acceptable) ALLEN, DELL, FRANK & TRINKLE 101 E KENNEDY BLVD SUITE 1240 83 **TAMPA FL 33602** 84 Zip Code 85 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 tay light with and a fourthe obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

SIGNATURE (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6)13. TITLE DELETE 1.1 TITLE Change Addition NAME SMITH, MARK A M.D. DEVANAND MANGAR, M.D. 1.2 NAME 4726 N. HABANA AVE., #204 STREET ADDRESS 1.3 STREET ADDRESS **TAMPA FL 33614** CITY-ST-ZIP 1.4 CITY-ST-ZIP TITLE DELETE Change Addition 2.1 TITLE CANCIO, MARGARITA R M.D. TONI A. MITCHELL, M.D. NAME 22 NAME 4 COLUMBIA DRIVE, #820 TAMPA, #815 STREET ADDRESS 2.3 STREET ADDRESS TAMPA FL 33606 CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE TITLE 3.1 TITLE Change SERGAY, STEPHEN M M.D. JOSE W. RODRIGUEZ M. D 3000MEDICAL PARK DR, #100 NAME 3.2 NAME 2919 SWANN AVENUE, #401 STREET ADDRESS 3.3 STREET ADDRESS TAMPA, FL 33613 **TAMPA FL 33609** 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE ___ Addition TITLE 4.1 TITLE Change BARTELS, LOREN J M.D. NAME 4. 2 NAME 4 COLUMBIA DRIVE, #610 STREET ADDRESS 4.3 STREET ADDRESS **TAMPA FL 33606** CITY - ST - ZIP 4.4 CITY-ST-ZIP DELETE TITLE 5.1 TOLE Change Addition CASTELLVI, JORGE I M.D. NAME 5.2 NAME 3675 W. WATERS AVENUE STREET ADDRESS 5.3 STREET ADDRESS TAMPA FL 33607-6439 CITY - ST - ZIP 5.4 CITY - ST - ZIP TITLE DELETE 61 TITLE Спапре Addition LORENZO, MARCOS F M.D. NAME 6.2 NAME

14. I do 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 ochanged, or on an attachment with an address.

6.3 STREET ADDRESS

Mark A. Smith. M.D., Chair

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

5802 NORTH 30TH STREET

TAMPA FL 33610

2/25/97

FILED

Mar 04 1997 8:00am

Secretary of State