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FILED

Feb 04 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P93000013176 (1)

1. Corporation Name  
MBLS EMERGENCY PHYSICIANS, P.A.



Principal Place of Business  
1200 SEVENTH AVENUE NORTH  
ST. PETERSBURG FL 33705

Mailing Address  
3460 FORELOCK ROAD  
TARPON SPRINGS FL 34689-9042  
US

3. Date Incorporated or Qualified  
02/19/1993

3a. Date of Last Report  
05/01/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	59-3165802	Not Applicable
Suite, Apt. #, etc.	Suite Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
22	27		
City & State	City & State	6. Election Campaign Financing	\$5.00 May Be Added to Fees
23	28	Trust Fund Contribution	
Zip	Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
24	29		
Country	Country		
25	30		

9. Name and Address of Current Registered Agent

MOUNTCASTLE, DANIEL J  
1200 SEVENTH AVENUE NORTH  
ST. PETERSBURG FL 33705

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 607.0502 and 607.1508, 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 607.0505, 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

TITLE	D	DELETE
NAME	LONG, DAVID A	
STREET ADDRESS	1200 SEVENTH AVE N	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	D	DELETE
NAME	BRADLEY, TERESA	
STREET ADDRESS	1200 SEVENTH AVE N	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	D	DELETE
NAME	MOUNTCASTLE, DANIEL J	
STREET ADDRESS	1200 SEVENTH AVE N	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	D	DELETE
NAME	SMITH, MICHAEL	
STREET ADDRESS	1200 SEVENTH AVE N	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

✓ 1/24/97  
Date

✓ 813-825-1284  
Daytime Phone #

CR2E034 (9/96)