

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P94000008578 (4)

1. Corporation Name

FIRST PHYSICIAN CARE OF TAMPA BAY, INC.



Principal Place of Business

7292 4TH ST., N.
SUITE A
ST. PETERSBURG FL 33702

Mailing Address

7292 4TH ST., N.
SUITE A
ST. PETERSBURG FL 33702

3. Date Incorporated or Qualified: 02/03/1994
3a. Date of Last Report: 05/17/1995

2. Principal Place of Business
21 3200 Windy Hill Rd.
Suite, Apt #, etc.
22 Suite 400W
City & State
23 Atlanta, GA
Zip
24 30339
Country
25 USA

2a. Mailing Address
26 3200 Windy Hill Rd
Suite, Apt #, etc.
27 Suite 400W
City & State
28 Atlanta, GA
Zip
29 30339
Country
30 USA

4. FEI Number: 59-3221742
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

PEGUES, HERBERT U II, MD
7292 4TH ST., N.
SUITE A
ST. PETERSBURG FL 33702

10. Name and Address of New Registered Agent

81 Name: Stephen A. George, MD
82 Street Address (P.O. Box Number is Not Acceptable): 2701 N. Rocky Point Dr.
83 Suite 1250
84 City: Tampa FL 85 Zip Code: 33607

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: Stephen A George
Signature typed or printed name of registered agent and date of signature
(NOTE: Registered Agent signature required when necessary)
DATE: 4/30/96

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	GEORGE, STEPHEN A MD	
STREET ADDRESS	2500 WINDY RIDGE PKWY, SUITE 320	
CITY-ST-ZIP	MARIETTA GA 30067	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	D/P	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	Stephen A. George, MD	
13 STREET ADDRESS	3200 Windy Hill Rd, Suite 400W	
14 CITY-ST-ZIP	Atlanta, GA 30339	
21 TITLE	S/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	Karl A. Hardesty	
23 STREET ADDRESS	3200 Windy Hill Rd, Suite 400W	
24 CITY-ST-ZIP	Atlanta, GA 30339	
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 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 application and the 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 executor 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 attached attachment with an address.

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
DATE: 4/30/96
710-480-9800
Daytime Phone #

CR2E034 (12/95)