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 title, if applicable) Stephen A George (NOTE: Registered Agent signature required when resigning) DATE: 4/30/96

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	GEORGE, STEPHEN A MD	
STREET ADDRESS	2500 WINDY RIDGE PKWY, SUITE 320	
CITY-ST-ZIP	MARIETTA GA 30067	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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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	D/P	☒ Change ☒ Addition
1.2 NAME	Stephen A. George, MD.	
1.3 STREET ADDRESS	3200 Windy Hill Rd, Suite 400W	
1.4 CITY-ST-ZIP	Atlanta, GA 30339	
2.1 TITLE	S/T	☐ Change ☒ Addition
2.2 NAME	Karl A. Hardesty	
2.3 STREET ADDRESS	3200 Windy Hill Rd, Suite 400W	
2.4 CITY-ST-ZIP	Atlanta, GA 30339	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP	300001831673	
4.1 TITLE	-05/21/96--01041--015	☐ Change ☐ Addition
4.2 NAME	***200.00	
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ 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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or is added in Block 13 with an address.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Karl A. Hardesty — DATE: 4/30/96 — Daytime Phone #: 770-480-9800

CR2E034 (12/95)