

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

Stephen A George

4/30/96

Signature typed or printed name of registered agent and date applicable

(NOTE: Registered Agent signature required when necessary)

DATE

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

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

11 TITLE D/P Change 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 Change Addition
22 NAME Karl A. Hardesty
23 STREET ADDRESS 3200 Windy Hill Rd, Suite 400W
24 CITY-ST-ZIP Atlanta, GA 30339

31 TITLE Change Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP 300001831673

41 TITLE Change Addition
42 NAME -05/21/96 -01041-005
43 STREET ADDRESS ***200.00

51 TITLE Change Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE Change 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 biennial 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

Karl A Hardesty
Karl A Hardesty

4/30/96

710-480-9800

Daytime Phone

CR2E034 (12/95)