

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
May 06 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 # P94000008578 (4)

1. Corporation Name
FIRST PHYSICIAN CARE OF TAMPA BAY, INC.



Principal Place of Business
3200 WINDY HILL RD.
SUITE 400W
ATLANTA GA 30339

Mailing Address
3200 WINDY HILL RD.
SUITE 400W
ATLANTA GA 30339-5609

3. Date Incorporated or Qualified: 02/03/1994
3a. Date of Last Report: 05/01/1996
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

2. Principal Place of Business
21. Suite, Apt. #, etc.
22. City & State
23. Zip
24. Country

2a. Mailing Address
26. Suite, Apt. #, etc.
27. City & State
28. Zip
29. Country
30. Country

9. Name and Address of Current Registered Agent
GEORGE, STEPHEN A.
2701 N. ROCKY POINT DR.
SUITE 1250
TAMPA FL 33807

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		DELETE
TITLE	D/P	<input type="checkbox"/>
NAME	GEORGE, STEPHEN A MD	
STREET ADDRESS	3200 WINDY HILL RD., SUITE 400W	
CITY-ST-ZIP	ATLANTA GA 30339	
TITLE	S/T	<input type="checkbox"/>
NAME	HARDESTY, KARL A.	
STREET ADDRESS	3200 WINDY HILL RD., SUITE 400W	
CITY-ST-ZIP	ATLANTA GA 30339	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		CHANGE	ADDITION
1.1 TITLE	D	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE	P	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3.2 NAME	Donald B. Smallwood		
3.3 STREET ADDRESS	3200 Windy Hill Rd Suite 400W		
3.4 CITY-ST-ZIP	Atlanta, GA 30339		
4.1 TITLE	V	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4.2 NAME	Joshua Adler		
4.3 STREET ADDRESS	3200 Windy Hill Rd Suite 400W		
4.4 CITY-ST-ZIP	Atlanta, GA 30339		
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
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, trustee, or assignee, or other person authorized 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: _____ Karl A Hardesty 4/28/97 770-980 9800

CR2E034 (9/96)