


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

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98 JUL 23 PM 4:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>PROFIT CORPORATION ANNUAL REPORT 1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Northam</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT #** PA4000008578  
 1. Corporation Name  
 First Physician Care of Tampa Bay, Inc.

Principal Place of Business 500 North Westshore Suite 900 Tampa, FL 33609	Mailing Address 500 North Westshore Suite 900 Tampa, FL 33609
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21. Principal Place of Business Suite, Apt. #, etc. City & State Zip	22. Mailing Address Suite, Apt. #, etc. City & State Zip
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
2-3-94

4. FEI Number  
59-3221742

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 owes or has paid the current year intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent  
 George, Stephen A.  
 500 North Westshore  
 Suite 900  
 Tampa, FL 33609

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 \_\_\_\_\_ (NOTE: Registered Agent Signature required when re-registering) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D/P	1.1 TITLE	
NAME	George, Stephen A MD	1.2 NAME	800002598488
STREET ADDRESS	3200 Windy Hill Rd., Suite 400	1.3 STREET ADDRESS	-07/24/98--01102--018
CITY-ST-ZIP	Atlanta, GA 30339	1.4 CITY-ST-ZIP	*****17.50 *****8.75
TITLE	S/T	2.1 TITLE	
NAME	Hardesty, Karl A.	2.2 NAME	800002598488
STREET ADDRESS	3200 Windy Hill Rd., Suite 400	2.3 STREET ADDRESS	-07/24/98--01102--020
CITY-ST-ZIP	Atlanta, GA 30339	2.4 CITY-ST-ZIP	*****550.00 *****550.00
TITLE	Smallwood, Donald B	3.1 TITLE	
NAME	3200 Windy Hill Rd., Suite 400	3.2 NAME	
STREET ADDRESS	Atlanta, GA 30339	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	Adler, Joshua	4.1 TITLE	
NAME	3200 Windy Hill Rd., Suite 400	4.2 NAME	
STREET ADDRESS	Atlanta, GA 30339	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

1.1 TITLE	
1.2 NAME	800002598488
1.3 STREET ADDRESS	-07/24/98--01102--018
1.4 CITY-ST-ZIP	*****17.50 *****8.75
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5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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 registered 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: Karl A. Hardesty Date: 7/22/98 Daytime Phone #: 770 480 9800  
 SECRETARY/TREASURER

CPRE004 (10/97)