

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

FILED

98 JUL 23 PM 4:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1998	FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
---------------------------------------	----------------------------------------------------------------------------------------------------

DOCUMENT # PA4000008578
 1. Corporation Name
First Physician Care of Tampa Bay, Inc.

Principal Place of Business <u>500 North Westshore Suite 900 Tampa, FL 33609</u>	Mailing Address <u>500 North Westshore Suite 900 Tampa, FL 33609</u>
-------------------------------------------------------------------------------------	-------------------------------------------------------------------------

21 Principal Place of Business	26 Mailing Address
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip	29 Zip
25 Country	30 Country

DO NOT WRITE IN THIS SPACE
 3. Date Incorporated or Qualified
2-3-94

4. FEI Number <u>59-3221742</u>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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
 85 FL
 86 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 _____ (Signature typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent Signature required when re-registering) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<u>D/P</u>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<u>George, Stephen A MD</u>	1.2 NAME	<u>800002598488</u>
STREET ADDRESS	<u>3200 Windy Hill Rd., Suite 400</u>	1.3 STREET ADDRESS	<u>-07/24/98--01102--018</u>
CITY-ST-ZIP	<u>Atlanta, GA 30339</u>	1.4 CITY-ST-ZIP	<u>*****17.50 *****8.75</u>
TITLE	<u>S/T</u>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<u>Hardesty, Karl A.</u>	2.2 NAME	<u>800002598488</u>
STREET ADDRESS	<u>3200 Windy Hill Rd., Suite 400</u>	2.3 STREET ADDRESS	<u>-07/24/98--01102--020</u>
CITY-ST-ZIP	<u>Atlanta, GA 30339</u>	2.4 CITY-ST-ZIP	<u>*****550.00 *****550.00</u>
TITLE	<u>Smallwood, Donald B</u>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<u>3200 Windy Hill Rd., Suite 400</u>	3.2 NAME	
STREET ADDRESS	<u>Atlanta, GA 30339</u>	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<u>Adler, Joshua</u>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<u>3200 Windy Hill Rd., Suite 400</u>	4.2 NAME	
STREET ADDRESS	<u>Atlanta, GA 30339</u>	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Karl A Hardesty, Secretary/Treasurer
 Date: 7/22/98 Daytime Phone #: 770 480 9800

CR2004 (10/97)