


FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90053 030 ***150.00

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| PROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # P94000008578

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/03/1994

4. FEI Number

59-3221742

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐\$5.00 May Be
Added to Fees8. This corporation owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 30 Burton Hills Blvd.

27 Suite, Apt. #, etc.

27 Suite 400

28 City & State

28 Nashville, TN

29 Zip

37215

30 Country

USA

9. Name and Address of Current Registered Agent

GEORGE, STEPHEN A.
500 NORTH WESTSHORE
SUITE 900
TAMPA FL 33609

As of March 23, 1999:

Corporation Service Company
1201 Hays Street
Tallahassee, FL 32301

10. Name and Address of New Registered Agent

81 Name See box 9 for correction to form.

82 Street Address (P.O. Box Number is Not Acceptable)

Change in Registered Agent was

made after printing of form, but prior
to mailing.

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

See attached memo and statement

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

| | | |
|----------------|---------------------------------|--|
| TITLE | PD | <input checked="" type="checkbox"/> DELETE |
| NAME | GEORGE, STEPHEN A MD | |
| STREET ADDRESS | 3200 WINDY HILL RD., SUITE 400W | |
| CITY-ST-ZIP | ATLANTA GA 30339 | |

| | | |
|----------------|---------------------------------|--|
| TITLE | ST | <input checked="" type="checkbox"/> DELETE |
| NAME | HARDESTY, KARL A | |
| STREET ADDRESS | 3200 WINDY HILL RD., SUITE 400W | |
| CITY-ST-ZIP | ATLANTA GA 30339 | |

| | | |
|----------------|---------------------------------|--|
| TITLE | V | <input checked="" type="checkbox"/> DELETE |
| NAME | SMALLWOOD, DONALD B | |
| STREET ADDRESS | 3200 WINDY HILL RD., SUITE 400W | |
| CITY-ST-ZIP | ATLANTA GA 30339 | |

| | | |
|----------------|--------------------------------|--|
| TITLE | V | <input checked="" type="checkbox"/> DELETE |
| NAME | ADLER, JOSHUA | |
| STREET ADDRESS | 3200 WINDY HILL RD. SUITE 400W | |
| CITY-ST-ZIP | ATLANTA GA 30339 | |

| | | |
|----------------|--|---------------------------------|
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|--|---------------------------------|
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|--------------------|----------------------------------|--|
| 1.1 TITLE | C/O | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME | Hurt, Joseph C. | |
| 1.3 STREET ADDRESS | 30 Burton Hills Blvd., Suite 400 | |
| 1.4 CITY-ST-ZIP | Nashville, TN 37215 | |

| | | |
|--------------------|----------------------------------|--|
| 2.1 TITLE | VC/V/AS/D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME | Reeves, Darrell W. | |
| 2.3 STREET ADDRESS | 30 Burton Hills Blvd., Suite 400 | |
| 2.4 CITY-ST-ZIP | Nashville, TN 37215 | |

| | | |
|--------------------|----------------------------------|--|
| 3.1 TITLE | P/AS/D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.2 NAME | Dent, Thompson S. | |
| 3.3 STREET ADDRESS | 30 Burton Hills Blvd., Suite 400 | |
| 3.4 CITY-ST-ZIP | Nashville TN 37215 | |

| | | |
|--------------------|----------------------------------|--|
| 4.1 TITLE | VP/AS | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 4.2 NAME | Crawford, John K. | |
| 4.3 STREET ADDRESS | 30 Burton Hills Blvd., Suite 400 | |
| 4.4 CITY-ST-ZIP | Nashville, TN 37215 | |

| | | |
|--------------------|----------------------------------|--|
| 5.1 TITLE | VP/AS | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 5.2 NAME | Frankenfield, Monte S. | |
| 5.3 STREET ADDRESS | 30 Burton Hills Blvd., Suite 400 | |
| 5.4 CITY-ST-ZIP | Nashville, TN 37215 | |

| | | |
|--------------------|----------------------------|--|
| 6.1 TITLE | | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 6.2 NAME | Additional officers listed | |
| 6.3 STREET ADDRESS | on attached sheet. | |
| 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 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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Monte S. Frankenfield*

Vice President

4/7/99

(65) 665-9066

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)

P94000008578
541158 9030726

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of Florida submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation is: FIRST PHYSICIAN CARE OF TAMPA BAY, INC.

2. The mailing address of the corporation is: _____

3. Date of incorporation/qualification: February 3, 1994 Document number: P94000008578

4. The name and address of the current registered agent and office:

STEPHEN A. GEORGE

900, 500 NORTH WESTSHORE

TAMPA, FL 33609

5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable)

Corporation Service Company

1201 Hays Street

Tallahassee, FL 32301

The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.

[Signature]
(Signature of an officer, chairman or vice chairman of the board)

3/20/99
(Date)

N. CAROLYN FOREHAND, Secretary

(Printed or typed name and title)

(Date)

Having been named as registered agent and to accept service of process for the above stated corporation, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.

Corporation Service Company

[Signature]
(Signature of Registered Agent)

3/23/99
(Date)

If signing on behalf of an entity:

KAREN B. ROZAR

Assistant Vice President

(Typed or Printed Name)

(Capacity)