


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

FILED

98 JUL 23 PM 4: 18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

DOCUMENT # TA40000062000
 1. Corporation Name
First Physician Care of South Florida, Inc.

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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date incorporated or Qualified <i>8-23-94</i>	4. FEI Number <i>65-0517256</i>	Applied For <input type="checkbox"/> Not Applicable
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
22. City & State	27. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
23. Zip	28. Country	7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		
24. Zip	25. Country	29. Zip	30. Country	

9. Name and Address of Current Registered Agent <i>C.T. Corporation 1200 S. Pine Island Rd. Plantation, FL 33324</i>		10. Name and Address of New Registered Agent	
01. Name	02. Street Address (P.O. Box Number is Not Acceptable)	03.	04. City
			FL 05. 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 registering) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
<input type="checkbox"/> DELETE	<i>D George, Stephen A 3200 Windy Hill Rd, Suite 400w Atlanta, GA 30339</i>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<i>500002598485--2 -07/24/98--01102--018 *****17.50 *****8.75</i>
<input type="checkbox"/> DELETE	<i>P Smallwood, Donald B 3200 Windy Hill Rd, Suite 400w Atlanta, GA 30339</i>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<i>500002598485--2 -07/24/98--01102--019 *****550.00 *****550.00</i>
<input type="checkbox"/> DELETE	<i>ST Hardesty, Karl A 3200 Windy Hill Rd, Suite 400w Atlanta, GA 30339</i>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> DELETE	<i>V Adler, Joshua 3200 Windy Hill Rd, Suite 400w Atlanta, GA 30339</i>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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; that the corporation is 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 a change with an address.

SIGNATURE: *Karl A. Hardesty* *7/24/98* 770 980 9800

 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Min Phone #
Karl A. Hardesty, Secretary/Treasurer

CR2004 (10/97)