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

04-20-1999 90053 029 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000062000

1. Corporation Name

FIRST PHYSICIAN CARE OF SOUTH FLORIDA, INC.

Principal Place of Business

500 NROTH WESTSHORE
SUITE 900
TAMPA FL 33609

Mailing Address

500 NROTH WESTSHORE
SUITE 900
TAMPA FL 33609

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/23/1994

4. FEI Number

65-0517256

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 owes the current year Intangible

Personal Property Tax. ☒ Yes ☐ No

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

AS of March 23, 1999:

GT CORPORATION SYSTEM Corporation Service Company
1200 S. PINE ISLAND ROAD 1201 Hays Street
PLANTATION FL 33324 Tallahassee, FL 32301

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

83

after printing of form, but prior to

84

mailing of form.

FL

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☒ DELETE

NAME GEORGE, STEPHEN A
STREET ADDRESS 3200 WINDY HILL RD., SUITE 400W
CITY-ST-ZIP ATLANTA GA 30339

TITLE P ☒ DELETE

NAME SMALLWOOD, DONALD B
STREET ADDRESS 3200 WINDY HILL RD., SUITE 400W
CITY-ST-ZIP ATLANTA GA 30339

TITLE ST ☒ DELETE

NAME HARDESTY, KARL A
STREET ADDRESS 3200 WINDY HILL RD., SUITE 400W
CITY-ST-ZIP ATLANTA GA 30339

TITLE V ☒ DELETE

NAME ADLER, JOSHUA
STREET ADDRESS 3200 WINDY HILL RD., SUITE 400W
CITY-ST-ZIP ATLANTA GA

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D/C ☐ Change ☒ Addition

1.2 NAME Huts, Joseph C.
1.3 STREET ADDRESS 30 Burton Hills Blvd., Suite 400
1.4 CITY-ST-ZIP Nashville, TN 37215

2.1 TITLE D/VG/V/AS ☐ Change ☒ Addition

2.2 NAME Reeves, Derril W.
2.3 STREET ADDRESS 30 Burton Hills Blvd., Suite 400
2.4 CITY-ST-ZIP Nashville, TN 37215

3.1 TITLE D/P/AS ☐ Change ☒ Addition

3.2 NAME Dent, Thompson S.
3.3 STREET ADDRESS 30 Burton Hills Blvd., Ste 400
3.4 CITY-ST-ZIP Nashville, TN 37215

4.1 TITLE VP/AS ☐ Change ☒ 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 ☐ Change ☒ 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 ☐ Change ☒ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
Additional officers listed
on attached sheet.

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
Signature and Typed or Printed Name of Signing Officer or Director

4/7/99
Date

(615) 665-9066
Daytime Phone #

CR2E034 (4-1-99)