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Feb 11 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P95000070876 (4)

1. Corporation Name

FLORIDA AFFILIATED PHYSICIANS, INC.



Principal Place of Business

Mailing Address

13601 BRUCE B. DOWNS BLVD. STE 121  
TAMPA FL 33613

13601 BRUCE B. DOWNS BLVD. STE 121  
TAMPA FL 33613-4809

3. Date Incorporated or Qualified 09/11/1995	3a. Date of Last Report 03/13/1996
4. FEI Number 59-3337139	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 has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 14497 N. DALE MABRY HWY. Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 SUITE 250	27
23 TAMPA, FLORIDA City & State	28 City & State
24 33618 Zip	29 Hillsborough Country
25	30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FRAZIER, DANIEL W M.D.  
13601 BRUCE B. DOWNS BLVD. STE 121  
TAMPA FL 33613

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRAZIER, DANIEL W M.D.	1.2 NAME	
STREET ADDRESS	13601 BRUCE B. DOWNS BLVD. STE 121	1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33613	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEISSMAN, MARK M.D.	2.2 NAME	
STREET ADDRESS	13601 BRUCE B. DOWNS BLVD. STE 121	2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33613	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOVALESKI, JEFFREY J	3.2 NAME	
STREET ADDRESS	5225 EHRlich STREET STE C	3.3 STREET ADDRESS	14497 N. DALE MABRY HWY, SUITE 250
CITY-ST-ZIP	TAMPA FL 33624	3.4 CITY-ST-ZIP	TAMPA, FLA 33618
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	D
STREET ADDRESS		4.3 STREET ADDRESS	LANE, WALTER, M.D.
CITY-ST-ZIP		4.4 CITY-ST-ZIP	13301 N. DALE MABRY HWY.
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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 do 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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/7/97 (813) 960-0108  
Date Daytime Phone #

CR2E034 (9/96)