

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

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May 05 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 # P96000001371 (9)

1. Corporation Name
CULBREATH MEDICAL PROPERTIES, INC.



Principal Place of Business
**511 WEST BAY STREET, UNIT 301
TAMPA FL 33606**

Mailing Address
**511 WEST BAY STREET, UNIT 301
TAMPA FL 33606-2700**

3. Date Incorporated or Qualified
01/05/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

4. FEI Number
59-3350674

Applied For
Not Applicable

21. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

22. City & State

27. City & State

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

23. Zip Country

28. Zip Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

24. Zip Country

29. Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**STENZLER, STEPHEN A M.D.
511 WEST BAY STREET, SUITE 301
TAMPA FL 33606**

81. Name

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

83.

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	MCTAGGART, JOHN D M.D.	
STREET ADDRESS	511 WEST BAY STREET, UNIT 301	
CITY-ST-ZIP	TAMPA FL 33606	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	STENZLER, STEPHEN A M.D.	
STREET ADDRESS	511 WEST BAY STREET, UNIT 301	
CITY-ST-ZIP	TAMPA FL 33606	
TITLE	D	<input type="checkbox"/> DELETE
NAME	NANNI, MARK D M.D.	
STREET ADDRESS	511 WEST BAY STREET, UNIT 301	
CITY-ST-ZIP	TAMPA FL 33606	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GRUNDY, LAURENCE M.D.	
STREET ADDRESS	511 WEST BAY STREET, UNIT 301	
CITY-ST-ZIP	TAMPA FL 33606	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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, changed or on an attachment with an address.

SIGNATURE: *Sandra B. Mortham*

4/23/97

CR2E034 (9/96)