

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # P96000015248

1. Corporation Name

TAMPA MEDICAL ASSOCIATES, INC.

FILED  
Mar 04, 1999 8:00 am  
Secretary of State

03-04-1999 90017 016 \*\*\*150.00



Principal Place of Business		Mailing Address	
125 EUGENE O'NEILL DR NEW LONDON CT 06320 US		125 EUGENE O'NEILL DR NEW LONDON CT 06320 US	
2. Principal Place of Business 21 One Ravinia Drive Suite, Apt. #, etc.		2a. Mailing Address 26 One Ravinia Drive Suite, Apt. #, etc.	
22 Suite 1500 City & State 23 Atlanta, GA		27 Suite 1500 City & State 28 Atlanta, GA	
Zip 24 30346	Country 25 USA	Zip 29 30346	Country 30 USA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 02/19/1996	4. FEI Number 59-3377257	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing <input type="checkbox"/>	\$5.00 May Be Added to Fees Trust Fund Contribution	
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

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

(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 NAME STREET ADDRESS CITY-ST-ZIP	PD STRATTON, ARTHUR W JR. 1881 WORCESTER RD FARMINGHAM MA 01701	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	P One Ravinia Drive, Suite 1500 Atlanta, GA 30346
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GILLIGAN, ALISON K 125 EUGENE O'NEILL DR NEW LONDON CT 06320	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	VP Miele, Stefano M. One Ravinia Drive, Suite 1500 Atlanta, GA 30346
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HANSEN, DAVID N 1881 WORCESTER RD FARMINGHAM MA 01701	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	VT Gentry, Boyd P. One Ravinia Drive, Suite 1500 Atlanta, GA 30346
TITLE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	D Whittle, Susan Thomas One Ravinia Drive, Suite 1500 Atlanta, GA 30346
TITLE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/99 678.443.7000

Date

Daytime Phone #

CR2E034 (11/98)