


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

FILED
Apr 08, 1999 8:00 am
Secretary of State

04-08-1999 90088 002 ***158.75

0490020

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # P96000042525

1. Corporation Name
MRHS PHYSICIANS I, INC.

Principal Place of Business
**121 N.W. THIRD STREET
OCALA FL 34475-6695**

Mailing Address
**121 N.W. THIRD STREET
OCALA FL 34475-6695**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/10/1996	
21 Suite, Apt. #, etc.	22 City & State	26 Suite, Apt. #, etc.	27 City & State	4. FEI Number 59-3376850	Applied For <input type="checkbox"/> Not Applicable
23 Zip	24 Country	29 Zip	30 Country	5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
9. Name and Address of Current Registered Agent SIMONS, GARY C 121 N.W. THIRD STREET OCALA FL 34475-6695				10. Name and Address of New Registered Agent	
				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					
TITLE	C	<input type="checkbox"/> DELETE	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
NAME	SPENCER, RONALD P		1.1 TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	1500 SE 17TH STREET		1.2 NAME		
CITY-ST-ZIP	OCALA FL 34471		1.3 STREET ADDRESS		
TITLE	STD	<input type="checkbox"/> DELETE	1.4 CITY-ST-ZIP		
NAME	KITOS, ROBERT P M.D.		2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	1500 SE 17TH STREET		2.2 NAME		
CITY-ST-ZIP	OCALA FL 34471		2.3 STREET ADDRESS		
TITLE	D	<input type="checkbox"/> DELETE	2.4 CITY-ST-ZIP		
NAME	MANNS, RICHARD C M.D.		3.1 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	1500 SE 17TH STREET		3.2 NAME	Mann	
CITY-ST-ZIP	OCALA FL 34471		3.3 STREET ADDRESS		
TITLE	D	<input type="checkbox"/> DELETE	3.4 CITY-ST-ZIP		
NAME	DYER, MITCHELL T M.D.		4.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	131 SW 15TH STREET		4.2 NAME	Michell, Dyer T.	
CITY-ST-ZIP	OCALA FL 34471		4.3 STREET ADDRESS		
TITLE	D	<input type="checkbox"/> DELETE	4.4 CITY-ST-ZIP		
NAME	MUTARELLI, RICHARD D M.D.		5.1 TITLE	Mutarelli, Richard D.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	131 SW 15TH STREET		5.2 NAME		
CITY-ST-ZIP	OCALA FL 34471		5.3 STREET ADDRESS		
TITLE		<input type="checkbox"/> DELETE	5.4 CITY-ST-ZIP		
NAME			6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			6.2 NAME		
CITY-ST-ZIP			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:  **Richard D. Mutarelli**
Sr. VP/CFO 2/4/99 352/351-7327

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)