## 2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

## Apr 29, 2004 8:00 am Secretary of State 04-29-2004 90363 001 \*\*\*300.00 DOCUMENT # P96000065669 1. Entity Name TAMPA BAY PHYSICIANS GROUP, INC. Mailing Address Principal Place of Business 66416632 1602 WEST SLIGH AVENUE #500 1602 WEST SLIGH AVENUE #500 TAMPA, FL 33604 TAMPA, FL 33604 04162004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3403915 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent RUGG, JOSEPH W. N DO NOT WRITE 201 NORTH FRANKLIN STREET #2100 TAMPA, FL 33602 IN THIS SPACE 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2004 Fee will be \$550.00 OFFICERS AND DIRECTORS D TITLE NAME **NELSON MANE** STREET ADDRESS 1602 W SLIGH AVE# 500 TAMPA, FL 33604 CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP \_TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information of accordate and that may signature shall have the same legal effect as if made under oath; that I am an officer or director of execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if 12. I hereby certify that the information supplied with indicated on this report or supplemental reports of the corporation or the receiver or trustee empochanged, or on an attachment with an address with a supplemental report of the corporation of the corporat SIGNATURE: \_

LITED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

SIGNATURE AND TYPED OR PR

**FILED**