

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

PROFIT CORPORATION ANNUAL REPORT 1997



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

**FILED**

97 JUN 30 AM 11:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DOCUMENT # P96000087878 (0)

1. Corporation Name

~~XXXXXXXXXX~~

St. Petersburg Physicians Group, Inc.

Principal Place of Business

1099 5TH AVENUE NORTH  
ST. PETERSBURG FL 33705-1221

Mailing Address

1099 5TH AVENUE NORTH  
ST. PETERSBURG FL 33705-1418

2. Principal Place of Business

21 Same as above

Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25 29 30 USA

2a. Mailing Address

26 Same

Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

10/23/1996

3a. Date of Last Report

4. FEI Number

59-3407344

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

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

9. Name and Address of Current Registered Agent

~~XXXXXXXXXX~~  
1099 FIFTH AVENUE NORTH  
ST. PETERSBURG FL 33705

10. Name and Address of New Registered Agent

81 Name Michael R. Rohr, Executive Director  
82 Street Address (P.O. Box Number is Not Acceptable) Same  
83 8000002230490-1  
-07/03/97-01120-002  
84 City \*\*\*\*165.00 \*\*\*\*165.00 FL

11. Pursuant to the provisions of Sections 607.0507 and 607.0508, 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. Each change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and agree to the provisions of Section 607.0505, Florida Statutes.

SIGNATURE *Kevin D. Driscoll* Michael R. Rohr, Executive Director Kevin D. Driscoll, CFO 05/01/97

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	<del>BRONSTEIN, JOEL D XXXX</del>	
STREET ADDRESS	<del>1099 5TH AVENUE NORTH ST. PETERSBURG FL 33705-1221</del>	
CITY - ST - ZIP	<del>ST. PETERSBURG FL 33705-1221</del>	
TITLE		<input type="checkbox"/> DELETE
NAME	Joseph A. Boulay, Jr., M.D.	
STREET ADDRESS	Treasurer 1099-5th Avenue N.	
CITY - ST - ZIP	St. Petersburg, FL 33705-1419	
TITLE		<input type="checkbox"/> DELETE
NAME	Carlos M. Estevez, M.D. (Director)	
STREET ADDRESS	1099 - 5th Avenue North	
CITY - ST - ZIP	St. Petersburg, FL 33705-1419	
TITLE		<input type="checkbox"/> DELETE
NAME	Michael A. Franklin, M.D. (Director)	
STREET ADDRESS	1099 - 5th Avenue North	
CITY - ST - ZIP	St. Petersburg, FL 33705-1419	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Chairman	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	James R. Krause, M.D.	
1.3 STREET ADDRESS	1099 - 5th Avenue North	
1.4 CITY - ST - ZIP	St. Petersburg, FL 33705-1419	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Brian W. Elliott, M.D. (Secretary)	
2.3 STREET ADDRESS	1099 - 5th Avenue North	
2.4 CITY - ST - ZIP	St. Petersburg, FL 33705-1419	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	George L. Ettel, Jr., M.D. (Director)	
3.3 STREET ADDRESS	1099 - 5th Avenue North	
3.4 CITY - ST - ZIP	St. Petersburg, FL 33705-1419	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	R. Holly Marshall, M.D.	
4.3 STREET ADDRESS	1099 - 5th Avenue North	
4.4 CITY - ST - ZIP	St. Petersburg, FL 33705-1419	
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 submitted 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 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 registered agent, and that I am authorized to sign 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.

SIGNATURE *Kevin D. Driscoll* Kevin D. Driscoll, CFO 05/01/97

CR2E034 (9/96)