


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**FILED**  
**Jul 22, 1999 8:00 am**  
**Secretary of State**

07-22-1999 90015 041 \*\*\*550.00

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|  |   |  |
|--|---|--|
| PROFIT CORPORATION<br>ANNUAL REPORT<br><b>1999</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Katherine Harris</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|--|

**DOCUMENT # P96000087878** ✓

1. Corporation Name  
**ST. PETERSBURG PHYSICIANS GROUP, INC.**



|  |  |
|--|--|
| Principal Place of Business<br>1099 5TH AVENUE NORTH<br>ST. PETERSBURG FL 33705-1221 | Mailing Address<br>1099 5TH AVENUE NORTH<br>ST. PETERSBURG FL 33705-1221 |
|--|--|

DO NOT WRITE IN THIS SPACE

|                                |  |                     |  |  |  |
|--------------------------------|--|---------------------|--|--|--|
| 2. Principal Place of Business |  | 2a. Mailing Address |  | 3. Date Incorporated or Qualified  |  |
| 21                             |  | 26                  |  | 10/23/1996   |  |
| Suite, Apt. #, etc.            |  | Suite, Apt. #, etc. |  | 4. FEI Number  |  |
|                                |  |                     |  | 59-3407344   |  |
| 22. City & State               |  | 27. City & State    |  | 5. Certificate of Status Desired   |  |
|                                |  |                     |  | <input type="checkbox"/> \$8.75 Additional Fee Required                  |  |
| 23. Zip                        |  | 28. Zip             |  | 6. Election Campaign Financing   |  |
|                                |  |                     |  | <input type="checkbox"/> \$5.00 May Be Added to Fees                     |  |
| 24. Country                    |  | 29. Country         |  | 30. This corporation owes the current year Intangible Personal Property. |  |
|                                |  |                     |  | <input type="checkbox"/> Yes <input type="checkbox"/> No                 |  |

9. Name and Address of Current Registered Agent

~~ROHR, MICHAEL R  
 1099 FIFTH AVENUE NORTH  
 ST. PETERSBURG FL 33705~~

10. Name and Address of New Registered Agent

|   |                  |
|---|------------------|
| 81 Name   | Lyndi Kichde     |
| 82 Street Address (P.O. Box Number is Not Acceptable) | 1099 5th Ave. N. |
| 83 City   | St. Petersburg   |
| 84 State  | FL               |
| 85 Zip Code   | 33705            |

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: *James R Krause* DATE: 07/06/99

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

|                |                              |                                 |
|----------------|------------------------------|---------------------------------|
| TITLE          | C                            | <input type="checkbox"/> DELETE |
| NAME           | KRAUSE, JAMES R M.D.         |                                 |
| STREET ADDRESS | 1099-5TH AVENUE NORTH        |                                 |
| CITY-ST-ZIP    | ST. PETERSBURG FL 33705-1419 |                                 |
| TITLE          | T                            | <input type="checkbox"/> DELETE |
| NAME           | BOULAY, JOSEPH A JR.         |                                 |
| STREET ADDRESS | 1099-5TH AVENUE NORTH        |                                 |
| CITY-ST-ZIP    | ST. PETERSBURG FL 33705-1419 |                                 |
| TITLE          | D                            | <input type="checkbox"/> DELETE |
| NAME           | FRANKLIN, MICHAEL A M.D.     |                                 |
| STREET ADDRESS | 1099-5TH AVENUE NORTH        |                                 |
| CITY-ST-ZIP    | ST. PETERSBURG FL 33705-1419 |                                 |
| TITLE          | D                            | <input type="checkbox"/> DELETE |
| NAME           | ESTEVEZ, CARLOS M            |                                 |
| STREET ADDRESS | 1099-5TH AVENUE NORTH        |                                 |
| CITY-ST-ZIP    | ST. PETERSBURG FL 33705-1419 |                                 |
| TITLE          | S                            | <input type="checkbox"/> DELETE |
| NAME           | ELLIOTT, BRIAN W M.D.        |                                 |
| STREET ADDRESS | 1099-5TH AVENUE NORTH        |                                 |
| CITY-ST-ZIP    | ST. PETERSBURG FL 33705-1419 |                                 |
| TITLE          | D                            | <input type="checkbox"/> DELETE |
| NAME           | ETTEL, GEORGE L JR., MD      |                                 |
| STREET ADDRESS | 1099-5TH AVENUE NORTH        |                                 |
| CITY-ST-ZIP    | ST. PETERSBURG FL 33705-1419 |                                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |   |
|--------------------|---|
| 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 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.

SIGNATURE: *James R Krause* DATE: 07/06/99 737/821-1221

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (5/99)