

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 05, 2000 8:00 am
Secretary of State

06-05-2000 90041 021 ***550.00

DOCUMENT # P96000087878
1. Entity Name
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 33705-1419
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number 59-3407344	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
KIEHNE, LYNN
1099 FIFTH AVENUE NORTH
ST. PETERSBURG FL 33705

7. Name and Address of New Registered Agent

Name <i>Mark R. Gordon, M.D.</i>
Street Address (P.O. Box Number is Not Acceptable) <i>601 - 7th Street South</i>
City <i>St. Petersburg</i>
State FL
Zip Code 33701

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.

SIGNATURE: *[Signature]* **Group's President** DATE: **05/25/00**

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. 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 checked="" 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **05/25/00** **727/821-1331**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)