


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

FILED
Feb 27 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P96000095710 (5) 1. Corporation Name TEAM PHYSICIANS OF FLORIDA, P.A.					
Principal Place of Business 9204 KING PALM DR. TAMPA, FL 33619			Mailing Address 9204 KING PALM DR. TAMPA, FL 33619		
DO NOT WRITE IN THIS SPACE					
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/22/1996	
21 Suite, Apt. #, etc		26 Suite, Apt. #, etc.		4. FEI Number 59-3411129	
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 Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Country		29 Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	
				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: <i>Michael R. Flynn</i> (NOTE: Registered Agent signature required when reinstating) DATE: <i>2/20/98</i>					
12. OFFICERS AND DIRECTORS					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
TITLE		NAME		1.1 TITLE	
NAME		C/O 9204 KING PALM DR		1.2 NAME	
STREET ADDRESS		TAMPA, FL 33619		1.3 STREET ADDRESS	
CITY-ST-ZIP				1.4 CITY-ST-ZIP	
TITLE		NAME		2.1 TITLE	
NAME		SALLEE, DONALD S., M.D.		2.2 NAME	
STREET ADDRESS		C/O 9204 KING PALM DR.		2.3 STREET ADDRESS	
CITY-ST-ZIP		TAMPA, FL 33619		2.4 CITY-ST-ZIP	
TITLE		NAME		3.1 TITLE	
NAME		VPT		3.2 NAME	
STREET ADDRESS		MASSINGALE, H L M.D.		3.3 STREET ADDRESS	
CITY-ST-ZIP		TAMPA, FL 33619		3.4 CITY-ST-ZIP	
TITLE		NAME		4.1 TITLE	
NAME				4.2 NAME	
STREET ADDRESS				4.3 STREET ADDRESS	
CITY-ST-ZIP				4.4 CITY-ST-ZIP	
TITLE		NAME		5.1 TITLE	
NAME				5.2 NAME	
STREET ADDRESS				5.3 STREET ADDRESS	
CITY-ST-ZIP				5.4 CITY-ST-ZIP	
TITLE		NAME		6.1 TITLE	
NAME				6.2 NAME	
STREET ADDRESS				6.3 STREET ADDRESS	
CITY-ST-ZIP				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 an attachment with my name.

SIGNATURE: *Michael R. Flynn* DATE: *2/20/98* 813-626-1772

CR2E034 (10/97)