

2007 FOR PROFIT CORPORATION ANNUAL REPORT


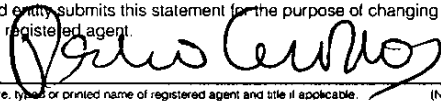
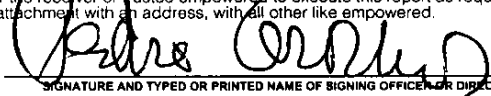
FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90467 046 ***150.00

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04172007 Chg-P CR2E034 (12/06)

DOCUMENT # P99000042785					
1. Entity Name FAMILY PHYSICIANS OF TAMPA, INC.					
Principal Place of Business 13381 N 56TH ST TAMPA, FL 33617			Mailing Address 13381 N 56TH ST TAMPA, FL 33617		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3575076	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
AROCHE, PEDRO M.D. 13381 N 56TH ST TAMPA, FL 33617				Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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: 				DATE: 4/17/07	
Signature, typed or printed name of registered agent and title if applicable.				(NOTE: Registered Agent signature required when reinstating)	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	AROCHE, PEDRO M.D.		NAME		
STREET ADDRESS	10711 PLANTATION BAY DR		STREET ADDRESS		
CITY - ST - ZIP	TAMPA, FL 33647		CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WILBUR, JIMMIE		NAME		
STREET ADDRESS	12325 WOODLANDS CIRCLE		STREET ADDRESS		
CITY - ST - ZIP	DADE CITY, FL 33525		CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 				Date: 4/17/07 8139849400	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #	