FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE

APPROVED AND FILED

95 MAY 11 AM 10:35

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # S14741 (0)

1. Corporation Name
ST. PETERSBURG HEALTH CARE MANAGEMENT, INC.

Principal Place of Business: PO BOX 5148, WINTER PARK FL 32792-5148, US

Mailing Address: PO BOX 5148, WINTER PARK FL 32792-5148, US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/26/1990

3a. Date of Last Report: 05/01/1994

4. FEI Number: 59-3040953 — 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 Chapter 199, Florida Statutes [ ] Yes [ ] No

	2. Principal Place of Business		2a. Mailing Address
21	3030 6th Street South	26	3030 6th Street South
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.
23	St. Petersburg, Florida	28	St. Petersburg, Florida
24 / 25	33705 / USA	29 / 30	33705 / USA

9. Name and Address of Current Registered Agent

HADDOCK PROFESSIONAL ASSOCIATION
3300 UNIVERSITY BLVD, STE 160
PO BOX 5148
WINTER PARK FL 32792

10. Name and Address of New Registered Agent

81 Name: Robert Forlizzo, Esq.
82 Street Address (P.O. Box Number is Not Acceptable): 13577 Feather Sound Drive
83 Suite 300
84 City: Clearwater FL
85 Zip Code: 34622

11. Pursuant to the provisions of Sections 607.0502 and 617.0502, 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: [signature] 5/4/95

12. Officers and Directors		13. Additions/Changes to Officers and Directors in 12	
TITLE	P	TITLE	P/D — [X] Change [ ] Addition
NAME	RICE, CHRISTIAN C., JR	NAME	LEE, JOHN F., M.D.
STREET ADDRESS	9103 HERITAGE DR.	STREET ADDRESS	1111 7th Avenue North, Suite 105
CITY-ST-ZIP	BRENTWOOD TN	CITY-ST-ZIP	St. Petersburg, FL 33705
TITLE	S	TITLE	V/D — [X] Change [ ] Addition
NAME	COCHRAN, T. KENT	NAME	BRAMLET, DALE G., M.D.
STREET ADDRESS	9195 FOX RUN DR.	STREET ADDRESS	4600 4th Street North
CITY-ST-ZIP	BRENTWOOD TN	CITY-ST-ZIP	St. Petersburg, FL 33703
TITLE	T	TITLE	S/T/D — [X] Change [ ] Addition
NAME	DAVIS, F. DONALD	NAME	PELL, PAULA OLIVER, M.D.
STREET ADDRESS	RT. 7, BOX 570	STREET ADDRESS	2112 16th Street North
CITY-ST-ZIP	FAYETTEVILLE TN	CITY-ST-ZIP	St. Petersburg, FL 33704
TITLE		TITLE	D — [X] Change [X] Addition
NAME		NAME	PRUITT, J. CRAYTON, M.D.
STREET ADDRESS		STREET ADDRESS	643 Sixth Avenue South
CITY-ST-ZIP		CITY-ST-ZIP	St. Petersburg, FL 33701
TITLE		TITLE	[ ] Change [ ] Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	[ ] Change [ ] Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

14. I the undersigned, certify that the information supplied with this filing is voluntarily furnished and 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: [signature] 5/4/95

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0061876 CP