FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S14741** **(0)**

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

Principal Place of Business
3030 6TH STREET S.
ST. PETERSBURG FL 33705
US

Mailing Address
3030 6TH STREET S.
ST. PETERSBURG FL 33705
US

3. Date Incorporated or Qualified: 11/26/1990
3a. Date of Last Report: 05/11/1995
4. FEI Number: 59-3040953 — Applied For / Not Applicable

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26 5214 Meryland Way
Suite, Apt. #, etc.
27 Suite 405
City & State
28 Brentwood, Tennessee
Zip 29 37027 Country 30 US

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 s. 199.032, Florida Statutes ☒ Yes ☐ No

9. **Name and Address of Current Registered Agent**
FORLIZZO, ROBERT E
13577 FEATHER SOUND DRIVE
STE. 300
CLEARWATER FL 34622

10. **Name and Address of New Registered Agent**
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 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
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when consenting) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	☒ DELETE
NAME	LEE, JOHN F M.D.	
STREET ADDRESS	1111 7TH AVE. N. STE. 105	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	VD	☒ DELETE
NAME	BRAMLET, DALE G M.D.	
STREET ADDRESS	4600 4TH STREET N.	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	STD	☒ DELETE
NAME	PELL, PAULA O M.D.	
STREET ADDRESS	2112 16TH STREET N.	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	D	☒ DELETE
NAME	PRUITT, J. C M.D.	
STREET ADDRESS	643 6TH AVE. S.	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P/D	☒ Change ☐ Addition
1.2 NAME	Rice, Christian C., Jr.	
1.3 STREET ADDRESS	5214 Meryland Way, Suite 405	
1.4 CITY-ST-ZIP	Brentwood, Tennessee 37027	
2.1 TITLE	S/D	☒ Change ☐ Addition
2.2 NAME	Cochran, T. Kent	
2.3 STREET ADDRESS	5214 Meryland Way, Suite 405	
2.4 CITY-ST-ZIP	Brentwood, Tennessee 37027	
3.1 TITLE	V/D	☒ Change ☐ Addition
3.2 NAME	Davis, F. Donald	
3.3 STREET ADDRESS	5214 Meryland Way, Suite 405	
3.4 CITY-ST-ZIP	Brentwood, Tennessee 37027	
4.1 TITLE	T	☒ Change ☐ Addition
4.2 NAME	Bailey, Jack B.	
4.3 STREET ADDRESS	5214 Meryland Way, Suite 405	
4.4 CITY-ST-ZIP	Brentwood, Tennessee 37027	
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Christian C. Rice Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)