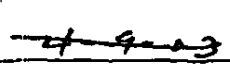
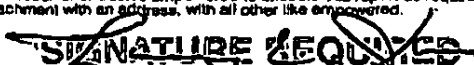
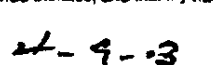


FILED
May 22, 2003 8:00 am
Secretary of State

04-11-2003 90170 012 ****61.25

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # NO2000008397					
1. Entity Name CENTRAL FLORIDA PHYSICIANS ASSOCIATION, INC					
Principal Place of Business 1338 S. RIDGE LAKE CIRCLE LONGWOOD FL 32750			Mailing Address 1338 S. RIDGE LAKE CIRCLE LONGWOOD FL 32750		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 11-366128	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
6. Name and Address of Current Registered Agent JONES, LARRY E 1338 S. RIDGE LAKE CIRCLE LONGWOOD FL 32750				7. Name and Address of New Registered Agent	
Name				Name	
Street Address (P.O. Box Number is Not Acceptable)				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 		SIGNATURE 		DATE	
FILE NOW: FEE IS \$81.25		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	NAME	STREET ADDRESS	TITLE	NAME	STREET ADDRESS
	SHUB, HARVEY A	1338 S. RIDGE LAKE CIRCLE LONGWOOD FL 32750			
	Larry E. Jones	1338 S. RIDGE LAKE CIRCLE LONGWOOD FL 32750		Larry E. Jones	1338 S. RIDGE LAKE CIRCLE LONGWOOD FL 32750
				Patricia C. Levison	7665 Turkey Point DR Titusville, FL 32780
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 617, 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: 		SIGNATURE: 		DATE: 4-9-03	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE		Daytime Phone #	

CR25037 (10/02)