

DOCUMENT # N94000003876

1. Entity Name

CENTRAL FLORIDA INTEGRATED PHYSICIANS ASSOCIATES

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 DEC 18 PM 1:51

Principal Place of Business

Mailing Address

895 N GARLAND AVENUE
200
ORLANDO FL 32801
US

945 N GARLAND AVENUE
200
ORLANDO FL 32801-1004
US

2. Principal Place of Business

3. Mailing Address

501 N. Wymore Rd

501 N. Wymore Rd

Suite, Apt. #, etc.
Suite 200

Suite, Apt. #, etc.
Suite 200

City & State

City & State

Winter Park, FL

Winter Park, FL

Zip
32789

Country

Zip
32789

Country

4. FEI Number

59-3270637

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WATTS-FITZGERALD, ABIGAIL C
200 SOUTH BISCAYNE BLVD.
MIAMI FL 33131-2398

Name Laura R. Dunlap (CSC)

Street Address (P.O. Box Number is Not Acceptable)
120 Hays Street

City

Tallahassee

FL

Zip Code

32301

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.

SIGNATURE

Laura R. Dunlap

Laura R. Dunlap
as its agent

10/24/00

Signature, typed or printed name of registered agent and title (if applicable).

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE V
NAME HUTCHINSON, GIL
STREET ADDRESS 7485 CONROY-WINDERMERE RD SUITE C
CITY-ST-ZIP ORLANDO FL Delete

TITLE
NAME 200003515592--6
STREET ADDRESS -12/28/00--01042--017
CITY-ST-ZIP *****245.00 *****245.00
 Change Addition

TITLE DP
NAME RIDGLEY, PAU;
STREET ADDRESS 7485 CONROY-WINDERMERE RD STE C
CITY-ST-ZIP ORLANDO FL Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Change Addition

TITLE SD
NAME QUINN, JAMES MD
STREET ADDRESS 2209 FRENCH AVE
CITY-ST-ZIP SANFORD FL Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Change Addition

TITLE TD
NAME KELLY, LARRY MD
STREET ADDRESS 515 W SR 434 205-A
CITY-ST-ZIP LONGWOOD FL Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Change Addition

12. 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 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/25/00

CR2E037 (9/99)

0016