FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997

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

FILED
97 MAR 27 AM 7:08
SECRETARY OF STATE
TALLAHASSEE FLORIDA

MWB

DOCUMENT # N95000000870 (4)

1. Corporation Name

~~INDEPENDENT PHYSICIANS ASSOCIATION OF POLK COUNT Y, INC.~~ Central Florida Physicians Alliance, Inc

Principal Place of Business	Mailing Address
4710 SOUTH FLORIDA AVENUE LAKELAND FL 33813	4710 SOUTH FLORIDA AVENUE LAKELAND FL 33813-2190

3. Date Incorporated or Qualified: 02/21/1995
3a. Date of Last Report: 04/17/1996

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / Country — 25 / Zip — 29 / Country — 30

4. FEI Number: 59-3312741 ☐ 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 s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

KURISH, SHARRON
4710 SOUTH FLORIDA AVENUE
LAKELAND FL 33813

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	TD	☑ DELETE	1.1 TITLE	TD	☐ Change ☐ Addition
NAME	MCCRANEY, DAVID P MD		1.2 NAME	Janivera Umesh, MD	
STREET ADDRESS	1350 EAST MAIN STREET		1.3 STREET ADDRESS	1045 East Rd. 540A	
CITY-ST-ZIP	BARTOW FL 33830		1.4 CITY-ST-ZIP	Lakeland, Fl 33813	
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	BARRIOS, JUAN N MD		2.2 NAME		
STREET ADDRESS	521 BUENA VISTA		2.3 STREET ADDRESS		
CITY-ST-ZIP	LAKELAND FL 33805		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	UMESH, JANIVERA MD		3.2 NAME		
STREET ADDRESS	1045 EAST ROAD 540A		3.3 STREET ADDRESS		
CITY-ST-ZIP	LAKELAND FL 33813		3.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	NOBO, RALPH J MD		4.2 NAME	100002127631--5	
STREET ADDRESS	222 WEST MAIN STREET		4.3 STREET ADDRESS	-03/28/97--01127--002	
CITY-ST-ZIP	BARTOW FL 33830		4.4 CITY-ST-ZIP	*****61.25	☐ Change ☐ Addition
TITLE	SD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	ALVAREZ, PETER M		5.2 NAME		
STREET ADDRESS	1733 LAKELAND HILLS BOULEVARD		5.3 STREET ADDRESS		
CITY-ST-ZIP	LAKELAND FL 33830		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do 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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [illegible] 3/26/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0053094