


FILE NOW: FILING FEE IS \$61.25

FILED
Jan 29 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N95000000870 (4)
 1. Corporation Name

CENTRAL FLORIDA PHYSICIANS ALLIANCE, INC.



Principal Place of Business 4710 SOUTH FLORIDA AVENUE LAKELAND FL 33813	Mailing Address 4710 SOUTH FLORIDA AVENUE LAKELAND FL 33813	3. Date Incorporated or Qualified 02/21/1995
		4. FEI Number 59-3312741
		Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
		7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> 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
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARRIOS, JUAN N MD	1.2 NAME	
STREET ADDRESS	521 BUENA VISTA	1.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL 33805	1.4 CITY-ST-ZIP	
TITLE	TD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	UMESH, JANIVERA MD	2.2 NAME	Johannes Geers, M.D.
STREET ADDRESS	1045 EAST ROAD 540A	2.3 STREET ADDRESS	4710 South Florida Ave.
CITY-ST-ZIP	LAKELAND FL 33813	2.4 CITY-ST-ZIP	Lakeland, FL 33813
TITLE	PD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NOBO, RALPH J MD	3.2 NAME	Matthew J. Cory, M.D.
STREET ADDRESS	222 WEST MAIN STREET	3.3 STREET ADDRESS	2929 Lakeland Hills Blvd.
CITY-ST-ZIP	BARTOW FL 33830	3.4 CITY-ST-ZIP	Lakeland, FL 33805
TITLE	SD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALVAREZ, PETER M	4.2 NAME	Pedro Ruiz, M.D.
STREET ADDRESS	1733 LAKELAND HILLS BOULEVARD	4.3 STREET ADDRESS	1350 East Main St.
CITY-ST-ZIP	LAKELAND FL 33830	4.4 CITY-ST-ZIP	Bartow, FL 33830
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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: *Juan N. Barrios* **SIGNATURE OF OFFICER** *1/22/98*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # _____

CR2E037 (10/97)