2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2002 8:00 am
Secretary of State
04-16-2002 90163 049 ****61.25

DOCUMENT # N95000000870

1. Entity Name

CENTRAL FLORIDA PHYSICIANS ALLIANCE, INC.

Principal Place of Business	Mailing Address
100 S. KENTUCKY AVE. STE. 285 ~~4710 SOUTH FLORIDA AVENUE~~ LAKELAND FL ~~33813~~ 33801	100 ~~100~~ S. KENTUCKY AVE ~~# 395~~ # 285 LAKELAND FL 33801-5073

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
100 S. Kentucky Ave	100 S. Kentucky Ave
Suite, Apt. #, etc.: Suite 285	Suite, Apt. #, etc.: Suite 285
City & State: Lakeland, Fl	City & State: Lakeland, Fl
Zip: 33801 Country: Polk	Zip: 33801 Country: Polk

4. FEI Number 59-3312741 ☐ 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
ANN JACOBSON ~~KURISH, SHARRON~~ ~~4710 SOUTH FLORIDA AVENUE~~ 100 S. KENTUCKY AVE, STE. 285 LAKELAND FL 33813 LAKELAND, FL 33801	Name: ANN C. JACOBSON Street Address (P.O. Box Number is Not Acceptable): 100 S. KENTUCKY AVE, STE. 285 City: LAKELAND FL Zip Code: 33801

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: Ann C. Jacobson, Executive Director 3/25/02

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D BARRIOS, JUAN N MD 521 BUENA VISTA LAKELAND FL 33805	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD CORY, MATTHEW J M.D. 2929 LAKELAND HILLS BLVD LAKELAND FL 33805	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D	☑ ~~Change~~ ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD RUIZ, PEDRO M 1350 EAST MAIN ST BARTOW FL 33830	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T 2250 OSPREY BLVD, STE. 101	☑ ~~Change~~ ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T NOBO JR., RALPH J MD 222 WEST MAIN STREET BARTOW FL 33830	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D	☑ ~~Change~~ ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD LAMM, EDWIN R M.D. 2929 LAKELAND HIGHLANDS ROAD LAKELAND FL 33803	☑ ~~Delete~~	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MICHAEL CAMPANELLI 1325 LAKELAND HILLS BLVD, LAKELAND, FL 33805	☑ ~~Change~~ ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD EASON, DONALD M.D. 430 E CENTRAL AVENUE WINTER HAVEN FL 33880	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD	☑ ~~Change~~ ☐ Addition

CR2E037 (9/01)

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 Ann C. Jacobson ANN C. JACOBSON Executive Director 3/25/02 863-802-8700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #