# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jul 01, 2004**
**Secretary of State**

DOCUMENT# N95000000870

**Entity Name:** CENTRAL FLORIDA PHYSICIANS ALLIANCE, INC.

**Current Principal Place of Business:**

100 S KENTUCKY AVE
SUITE 285
LAKELAND, FL 33801 US

**New Principal Place of Business:**

**Current Mailing Address:**

100 S KENTUCKY AVE
SUITE 285
LAKELAND, FL 33801 US

**New Mailing Address:**

**FEI Number: 59-3312741** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

JACOBSON, ANN
100 S KENTUCKY AVE
SUITE 285
LAKELAND, FL 33801 US

**Name and Address of New Registered Agent:**

ANDERSON, DALE J EXECDIR
100 S KENTUCKY AVE
SUITE 285
LAKELAND, FL 33801 US

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: DALE J. ANDERSON 07/01/2004
Electronic Signature of Registered Agent Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete
Name: BARRIOS, JUAN N MD
Address: 521 BUENA VISTA
City-St-Zip: LAKELAND, FL 33805

Title: D ( ) Delete
Name: CORY, MATTHEW J M.D.
Address: 2929 LAKELAND HILLS BLVD
City-St-Zip: LAKELAND, FL 33805

Title: T ( ) Delete
Name: RUIZ, PEDRO M
Address: 2250 OSPREY BLVD SUITE 101
City-St-Zip: BARTOW, FL 33830

Title: D ( ) Delete
Name: NOBO JR., RALPH J MD
Address: 222 WEST MAIN STREET
City-St-Zip: BARTOW, FL 33830

Title: D ( ) Delete
Name: CAMPANELLI, MICHAEL
Address: 1325 LAKELAND HILLS BLVD
City-St-Zip: LAKELAND, FL 33805

Title: D ( ) Delete
Name: EASON, DONALD M.D.
Address: 430 E CENTRAL AVENUE
City-St-Zip: WINTER HAVEN, FL 33880

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PRES (X) Change ( ) Addition
Name: BLAKE, WENDELL MD
Address: 505 MARTIN LUTHER KING JR. AVE.
City-St-Zip: LAKELAND, FL 33815

Title: DIR. (X) Change ( ) Addition
Name: CORY, MATTHEW J M.D.
Address: 2929 LAKELAND HILLS BLVD
City-St-Zip: LAKELAND, FL 33805

Title: TREA (X) Change ( ) Addition
Name: RUIZ, PEDRO M
Address: 2250 OSPREY BLVD SUITE 101
City-St-Zip: BARTOW, FL 33830

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WENDELL BLAKE, M.D. PRES 07/01/2004
Electronic Signature of Signing Officer or Director Date