2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 28, 2005
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 ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	PRES	( ) Delete
Name:	BLAKE, WENDELL MD	
Address:	505 MARTIN LUTHER KING JR. AVE.	
City-St-Zip:	LAKELAND, FL 33815	
Title:	DIR.	( ) Delete
Name:	CORY, MATTHEW J M.D.	
Address:	2929 LAKELAND HILLS BLVD	
City-St-Zip:	LAKELAND, FL 33805	
Title:	TREA	( ) 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:	IZSAK, MOSHE MD	
Address:	1222 S. FLORIDA AVE.	
City-St-Zip:	LAKELAND, FL 33805	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	TREA	(X) Change ( ) Addition
Name:	BLAKE, WENDELL	
Address:	505 MARTIN LUTHER KING JR. AVE.	
City-St-Zip:	LAKELAND, FL 33815	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	D	(X) Change ( ) Addition
Name:	MULANEY, JAY	
Address:	814 GRIFFIN RD.	
City-St-Zip:	LAKELAND, FL 33805	
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: DALE J. ANDERSON RA 06/28/2005

Electronic Signature of Signing Officer or Director — Date