2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N9500000870

1. Entity Name

CENTRAL FLORIDA PHYSICIANS ALLIANCE, INC.



FILED
May 19, 2003 8:00 am §
Secretary of State

05-19-2003 90218 048 ****61.25

Principal Plac	ce of Business	Mailing Address	-, -l					
100 S KENTUCKY AVE		100 S KENTUCKY AVE						
SUITE 285 LAKELAND FL	22201	SUITE 285 LAKELAND FL 33801						
US	33001	US 15 SOOT			1 1884 I A I A I A I A I A I A I A I A I A I	BRING Bri ng 92 000 89 000 88 000	BO NK 18 (8) (BRK 18	DII 48 11 (48)
2. Principal Place of Business 3.		3. Mailing Address	. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES			
City & State		City & State		-	4. FEI Number 59-3312741			oplied For
Zip Country		Zip	Zip Country		5. Certificate of Statu	ıs Desired	\$8.75 Add	ditional
	6. Name and Address of Current I	Registered Agent	stered Agent		7. Name and Address of New Registered Agent			
	C. Hambario Nacrobo di Garioni.	Togiotot bu Agont	Name		T. Italic and readic.	33 O. Hom Hogistore	a Agoin	
JACOBS(ON, ANN		Street Add	Constant (P.O. Barth are in North and Add and				
	ENTUCKY AVE		Street Address (P.O. Box Number is Not Acceptable)					
SUITE 28								
LAKELAN	ID FL 33801		City			F	Zip Cod	le
8 The above	named entity submits this statement for	the nurnose of changing its	registered office or re		ad agent or both in the			and accept
	tions of registered agent.	the pulpose of changing its	registered office of re	gusteri	ed agent, or both, in the	solale oi monga. Ta	m amma win,	and accept
	•							
SIGNATURE .							<u>-</u>	
ı	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE	E: Registered Agent signature	required	when reinstating)	DATE	•	
, '	FILE NOW: FEE IS \$61.25		npaign Financing Contribution.	7	\$5.00 May Be		ck Payable	
		Trust Fund C	contribution.	1	Added to Fees	Florida Dep	artment of S	State
10,	OFFICERS AND DIR	ECTORS	11,		ADDITIONS/CHANGES	TO OFFICERS AND	DIRECTORS IN	l 10
TITLE	D	☐ Delete	TITLE				☐ Change	Addition
NAME	BARRIOS, JUAN N MD		NAME					
STREET ADDRESS	521 BUENA VISTA		STREET ADDRESS					
CITY-ST-ZIP	LAKELAND FL 33805		CITY-ST-ZIP					
TITLE	D CODY MATTHEW LAD	☐ Delete	TITLE				Change	☐ Addition
NAME STREET ADDRESS	CORY, MATTHEW J M.D. 2929 LAKELAND HILLS BLVD		NAME Street Address					
CITY-ST-ZIP	LAKELAND FL 33805	<u>.</u>	CITY-ST-ZIP					
TITLE	T	☐ Delete	TITLE				☐ Change	☐ Addition
NAME	RUIZ, PEDRO M	□1 Delete	NAME				C Change	☐ Yannan
STREET ADDRESS	2250 OSPREY BLVD SUITE 101		STREET ADDRESS					·
CITY-ST-ZIP	BARTOW FL 33830		CITY-ST-ZIP					
TITLE	D	☐ Delete	TITLE				Change	Addition
NAME -	NOBO JR., RALPH J MD		NAME					
STREET ADDRESS	222 WEST MAIN STREET		STREET ADDRESS					Į.
CITY-ST-ZIP	BARTOW FL 33830		CITY-ST-ZIP	<u> </u>				
TITLE	O AMBANELLI MICHAEL	☐ Delete	TITLE	PD	DELL DE	OF HO	Change	Z Addition
NAME STREET ADDRESS	CAMPANELLI, MICHAEL		NAME STREET ADDRESS	レニル	MADTIN 1	THERE	U G JR	, AUE,
CITY-ST-ZIP	1325 LAKELAND HILLS BLVD LAKELAND FL 33805	* *	CITY-ST-ZIP	AK	DELL, BL MARTIN LA LEKANP, F	= 1 3 3 6	1	
TITLE	PD	☐ Delete				<u>- 228</u>	Z Charge	Addition
NAME	EASON, DONALD M.D.	∟ Delete	NAME	D		**	e manye	L. AUGNIUII
STREET ADDRESS	430 E CENTRAL AVENUE		STREET ADDRESS					
CITY-ST-ZIP	WINTER HAVEN FL 33880	_	- CITY-ST-ZIP					
12. I hereby c	pertify that the information supplied with on this report or supplemental report is	this ling does not qualify for	the exemption stated	in Sec	ction 119.07(3)(i), Florid	a Statutes. I further o	ertify that the in	nformation

2. Thereby certify that the information supplied with this filling does not qualify to the exemption stated in Section 119.07(3)(i). Florida Statutes. Hurther certify that the information indicated on this report or supplemental repet 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 impowered 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 attackment with an address, with all other like empowered.

SIGNATURE:

SNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/15/03

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