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

**FILED**
**May 19, 2003 8:00 am**
**Secretary of State**
05-19-2003 90218 048 ****61.25

0048413

DOCUMENT # N95000000870

1. Entity Name
CENTRAL FLORIDA PHYSICIANS ALLIANCE, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 100 S KENTUCKY AVE<br>SUITE 285<br>LAKELAND FL 33801<br>US | 100 S KENTUCKY AVE<br>SUITE 285<br>LAKELAND FL 33801<br>US |

☐ CHECK HERE IF MAKING CHANGES

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip / Country | Zip / Country |

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 |
|---|---|
| JACOBSON, ANN<br>100 S KENTUCKY AVE<br>SUITE 285<br>LAKELAND FL 33801 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City **FL** Zip Code |

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
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 Florida Department of State**

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>BARRIOS, JUAN N MD<br>521 BUENA VISTA<br>LAKELAND FL 33805 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>CORY, MATTHEW J M.D.<br>2929 LAKELAND HILLS BLVD<br>LAKELAND FL 33805 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T<br>RUIZ, PEDRO M<br>2250 OSPREY BLVD SUITE 101<br>BARTOW FL 33830 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>NOBO JR., RALPH J MD<br>222 WEST MAIN STREET<br>BARTOW FL 33830 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>CAMPANELLI, MICHAEL<br>1325 LAKELAND HILLS BLVD<br>LAKELAND FL 33805 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>WENDELL, BLAKE M.D.<br>605 MARTIN LUTHER KING JR. AVE.<br>LAKELAND, FL 33815 | ☐ Change ☑ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>EASON, DONALD M.D.<br>430 E CENTRAL AVENUE<br>WINTER HAVEN FL 33880 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D | ☑ Change ☐ Addition |

CR2E037 (10/02)

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 5/15/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #