

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morfham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000045190 (3)

1. Corporation Name

PHYSICIAN HEALTHCARE NETWORK OF COLUMBIA PARK, I
NC.



Principal Place of Business

Mailing Address

2111 GLENWOOD DRIVE
SUITE 103
WINTER PARK FL 32792
US

2111 GLENWOOD DRIVE
SUITE 103
WINTER PARK FL 32792
US

7685

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc.

26 Suite, Apt #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

3. Date Incorporated or Qualified

06/10/1994

3a. Date of Last Report

03/28/1995

4. FEI Number

59-3251684

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CAROLAN, J P III
390 N ORANGE AVE, #1490
ORLANDO FL 32801

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505 Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ~~EXECUTIVE~~ CHAIRMAN ☐ DELETE
NAME BLALOCK, TULLY T M D
STREET ADDRESS 1355 ORANGE AVE, 1
CITY-ST-ZIP WINTER PARK FL 32789

1.1 TITLE HUMBERTO DOMINGUEZ, M.D. ☐ Change ☒ Addition
1.2 NAME 70 FOX RIDGE COURT
1.3 STREET ADDRESS DEBARY FL 32713 (Director)
1.4 CITY-ST-ZIP

TITLE D Director ☐ DELETE
NAME SWEDISH, JOSEPH R
STREET ADDRESS 200 N LAKEMONT AVE
CITY-ST-ZIP WINTER PARK FL 32792

2.1 TITLE RORY EVANS, M.D. ☐ Change ☒ Addition
2.2 NAME 200 W. GORE ST
2.3 STREET ADDRESS ORLANDO FL 32806 (Director)
2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ARNOLD MILLER, D.O. ☐ Change ☒ Addition
3.2 NAME VICE CHAIRMAN
3.3 STREET ADDRESS 802 W. OAK STREET (Director)
3.4 CITY-ST-ZIP KISSIMMEE FL 34761

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE WILLIAM D. ROGERS, M.D. ☐ Change ☒ Addition
4.2 NAME TREASURER
4.3 STREET ADDRESS 800 W. MORSE BLVD #5
4.4 CITY-ST-ZIP WINTER PARK FL 32789 (Director)

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE LAWRENCE VALLARIO ☐ Change ☒ Addition
5.2 NAME 209 SAN CARLOS
5.3 STREET ADDRESS SAN FORD FL 32771 (Director)
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE LEONARD WILKERSON, DO ☐ Change ☒ Addition
6.2 NAME 720 OAK COMONS BLVD
6.3 STREET ADDRESS KISSIMMEE FL 34741 (Director)
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Tully T Blalock 6/28/96 40646780

Bank deposit \$ 225.00

CR2E034 (3/96)