


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Feb 06 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # 601290 (0)</b> 1. Corporation Name <b>LEESBURG FAMILY MEDICINE, P.A.</b>			
Principal Place of Business <b>802 EAST DIXIE AVENUE LEESBURG FL 34748-6014</b>		Mailing Address <b>802 EAST DIXIE AVENUE LEESBURG FL 34748-6014</b>	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	
3. Date Incorporated or Qualified <b>08/06/1969</b>		4. FEI Number <b>59-1266833</b>	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		8. Name and Address of Current Registered Agent <b>HOLLAND, JOSEPH E. 802 E. DIXIE AVENUE LEESBURG FL 34748</b>	
9. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code <b>FL</b>		10. Name and Address of New Registered Agent	
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	V <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JEFFREY, ROBINSON</b>	1.2 NAME	
STREET ADDRESS	<b>802 E. DIXIE AVE.</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LEESBURG FL</b>	1.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HOLLAND, JOSEPH E.</b>	2.2 NAME	
STREET ADDRESS	<b>802 E. DIXIE AVE.</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LEESBURG FL</b>	2.4 CITY-ST-ZIP	
TITLE	V <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GILBERT, VICTOR</b>	3.2 NAME	
STREET ADDRESS	<b>802 E. DIXIE AVE</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LEESBURG FL</b>	3.4 CITY-ST-ZIP	
TITLE	ST <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FOSTER, LARRY</b>	4.2 NAME	
STREET ADDRESS	<b>802 EAST DIXIE AVE.</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LEESBURG FL</b>	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	



DO NOT WRITE IN THIS SPACE

SIGNATURE:

*[Signature]* (Jeffrey Robinson) 01/30/98 (352) 989-1324

CR2E034 (10/97)