FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -9 AM 11:25

DOCUMENT # 757774 (5)

1. Corporation Name
FLORIDA COUNCIL OF PRIMARY CARE CENTERS, INCORPORATED

Principal Place of Business	Mailing Address
3504 LAKE LYNDA DR STE 365 ORLANDO FL 32817 US	3504 LAKE LYNDA DR STE 365 ORLANDO FL 32817 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/28/1981
3a. Date of Last Report: 04/18/1994
4. FEI Number: 59-2559163 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

MOORE, SUSAN A.
3504 LAKE LYNDA DR
STE 365
ORLANDO FL 32816

10. Name and Address of New Registered Agent

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 Susan A Moore, President 1/30/95
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	CD	1.1 TITLE	CD	☒ Change ☐ Addition
NAME	PRESHA, MICKEY	1.2 NAME	Brown, Edwin	
STREET ADDRESS	HWY 301 & 9TH STREET	1.3 STREET ADDRESS	4450 S. Tiffany Drive	
CITY-ST-ZIP	PARRISH FL	1.4 CITY-ST-ZIP	West Palm Beach, Fl 33407	
TITLE	VD	2.1 TITLE	VD	☒ Change ☐ Addition
NAME	BROWN, EDWIN	2.2 NAME	Cahill, Dennis	
STREET ADDRESS	5601 CORPORATE WAY	2.3 STREET ADDRESS	2472 S. Park Avenue	
CITY-ST-ZIP	WEST PALM BEACH FL	2.4 CITY-ST-ZIP	Sanford, Fl 32771	
TITLE	STD	3.1 TITLE	SD	☒ Change ☒ Addition
NAME	CAHILL, DENNIS	3.2 NAME	Dawson, Tom	
STREET ADDRESS	2472 S. PARK AVENUE	3.3 STREET ADDRESS	1700 NW 10th Drive	
CITY-ST-ZIP	SANFORD FL	3.4 CITY-ST-ZIP	Pompano Beach,Fl 33060	
TITLE	P	4.1 TITLE	TD	☒ Change ☐ Addition
NAME	MOORE, SUSAN	4.2 NAME	McKnight, Jim	
STREET ADDRESS	3504 LAKE LYNDA DR, STE 365	4.3 STREET ADDRESS	200 E. Second Street	
CITY-ST-ZIP	ORLANDO FL	4.4 CITY-ST-ZIP	Wewahitchka, Fl. 32465	
TITLE		5.1 TITLE	P	☒ Change ☐ Addition
NAME		5.2 NAME	Moore, Susan	
STREET ADDRESS		5.3 STREET ADDRESS	3504 Lk. LyndaDrive, Ste 365	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Orlando, Fl 32817	
TITLE		6.1 TITLE		☒ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		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)(i), 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 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Susan A. Moore Susan A. Moore, Pres. 1-30-95 (407)273-8263
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR Date Daytime Phone #

0034326