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Secretary of State

03-22-1999 90139 035 ****70.00

NONPROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 757774 1. Corporation Name FLORIDA COUNCIL OF PRIMARY CARE CENTERS, INCORPORATED			
Principal Place of Business 1203 GOVERNORS SQUARE BLVD. SUITE 302 TALLAHASSEE FL 32301 US		Mailing Address 1203 GOVERNORS SQUARE BLVD. SUITE 302 TALLAHASSEE FL 32301 US	



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		04/28/1981	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-2559163	
24 Country		29 Country		5. Certificate of Status Desired	
				<input checked="" type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	

GLASS, GREGORY J
 1203 GOVERNORS SQ. BLVD.
 SUITE 302
 TALLAHASSEE FL 32301

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, 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	CD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	C D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAHILL, DENNIS	1.2 NAME	Akin, Richard
STREET ADDRESS	2472 S. PARK AVENUE	1.3 STREET ADDRESS	1454 Madison Avenue
CITY-ST-ZIP	SANFORD FL 32771	1.4 CITY-ST-ZIP	Immokalee, FL 33934
TITLE	VD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	V D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AKIN, RICHARD	2.2 NAME	Mark Williams
STREET ADDRESS	1454 MADISON AVENUE	2.3 STREET ADDRESS	218 South Lake Avenue
CITY-ST-ZIP	IMMOKALEE FL 33934	2.4 CITY-ST-ZIP	Apopka, FL 32703
TITLE	SD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHIRLEY, TERRENCE	3.2 NAME	John T. Myles
STREET ADDRESS	1702 E. 17TH AVENUE	3.3 STREET ADDRESS	P.O. Box 249
CITY-ST-ZIP	TAMPA FL 33675	3.4 CITY-ST-ZIP	Lake City, FL 32056
TITLE	TD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, MARK	4.2 NAME	Gaye Williams
STREET ADDRESS	218 S. LAKE AVENUE	4.3 STREET ADDRESS	1 West Main Street
CITY-ST-ZIP	APOPKA FL 32704	4.4 CITY-ST-ZIP	Aven Park, FL 33825
TITLE	P <input type="checkbox"/> DELETE	5.1 TITLE	
NAME	GLASS, GREGORY J	5.2 NAME	
STREET ADDRESS	1203 GOVERNORS SQ. BLVD., SUITE 302	5.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32301	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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, with all other like empowered.

SIGNATURE:

Gregory J. Glass
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Gregory J. Glass, President/CEO

3/9/99

(850) 942-1822

Date

Daytime Phone #

CR2E037 (1/98)