

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 19, 1999 8:00 am
Secretary of State

04-19-1999 90001 041 ***150.00

DOCUMENT # F96000005827

1. Corporation Name

PHYSICIANS STRATEGIC ALLIANCE, INC.

Principal Place of Business

303 EAST PAR STREET
ORLANDO FL 32804

Mailing Address

990 HAMMOND DR.
STE. 300
ATLANTA GA 30328

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/05/1996

4. FEI Number

59-3347564

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HOLT, SHAMUS
3885 OAKWATER CIRCLE
ORLANDO FL 32806

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 PSTD ☒ DELETE
NAME SAPP, D J
STREET ADDRESS 825 N. GARLAND AVE., SUITE 201
CITY-ST-ZIP ORLANDO FL 32801

1.1 TITLE PD ☐ Change ☒ Addition
1.2 NAME SARAH C. GAVIN
1.3 STREET ADDRESS 990 HAMMOND DR. SUITE 300
1.4 CITY-ST-ZIP ATLANTA, GA 30328

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE VS ☐ Change ☒ Addition
2.2 NAME THOMAS M. RODGERS, JR.
2.3 STREET ADDRESS 990 HAMMOND DR. SUITE 300
2.4 CITY-ST-ZIP ATLANTA, GA 30328

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE T ☐ Change ☒ Addition
3.2 NAME GARY RASMUSSEN
3.3 STREET ADDRESS 990 HAMMOND DR. SUITE 300
3.4 CITY-ST-ZIP ATLANTA, GA 30328

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ASST. S ☐ Change ☒ Addition
4.2 NAME DARCEE A. DEUPREE, ESQ
4.3 STREET ADDRESS 990 HAMMOND DR. SUITE 300
4.4 CITY-ST-ZIP ATLANTA, GA 30328

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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 607, 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

SIGNATURE REQUIRED
DARCEE A. DEUPREE, ESQ

3/30/99
Date

770/225-1058
Daytime Phone #

CR2E034 (11/98)