

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # K53329 (4)

1. Corporation Name

FLORIDA PHYSICIANS LEASING CO., INC.

Principal Place of Business

1000 RIVERSIDE AVENUE, #207
JACKSONVILLE FL 32204

Mailing Address

1000 RIVERSIDE AVENUE, #207
JACKSONVILLE FL 32204



2. Principal Place of Business

2a. Mailing Address

21 9456 PHILLIPS HY # 7

26 9456 PHILLIPS HY # 7

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

23 JACKSONVILLE, FLORIDA

28 JACKSONVILLE, FLORIDA

Zip

Country

Zip

Country

24 U.S.A.

30 U.S.A.

9. Name and Address of Current Registered Agent

MCCABE, THOMAS J.
1000 RIVERSIDE AVE.
JACKSONVILLE FL 32204

3. Date Incorporated or Qualified
12/22/1988

3a. Date of Last Report
03/28/1995

4. FEI Number

59-2927283

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

10. Name and Address of New Registered Agent

81 Name

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

9456 PHILLIPS HY # 7

83

84 City

JACKSONVILLE

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0602 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 607.0602, Florida Statutes.

SIGNATURE

[Signature]

X 4/30/96

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

VST
WARD, JAMES V.
737 WESTON PARK DR.
POWELL OH

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

P
THOMPSON, EDWARD C., JR.
1160 KINGSDALE TERRACE
COLUMBUS OH

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change

☐ Addition

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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)(a), 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.

SIGNATURE:

[Signature]
T. D. Thompson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 4/30/96

6142978880

CR2E034 (12/95)