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Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90105 050 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # K53329

1. Corporation Name

FLORIDA PHYSICIANS LEASING CO., INC.

Principal Place of Business

9456 PHILLIPS HWY #7
JACKSONVILLE FL 32204
US

Mailing Address

9456 PHILLIPS HWY #7
JACKSONVILLE FL 32204
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/22/1988

4. FEI Number

59-2927283

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing

☐ \$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

21 11410 US HWY 1 N

Suite, Apt. #, etc.

22

City & State

23 ST. AUGUSTINE, FL

Zip

24 32095

Country

25 ST. JOHNS

2a. Mailing Address

26 1131 W. FIFTH AVE

Suite, Apt. #, etc.

27

City & State

28 COLUMBUS OHIO

Zip

29 43000

Country

30

9. Name and Address of Current Registered Agent

MCCABE, THOMAS J.
9456 PHILLIPS HW #7
JACKSONVILLE FL 32204

10. Name and Address of New Registered Agent

81 Name GREGORY HETTLER

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

83 11410 US HWY 1 N

84

City ST AUGUSTINE

FL

85 Zip Code 32095

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.

GREGORY O. HETTLER, Gen. Mgr.

DATE 2/10/99

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE VST ☐ DELETE

NAME WARD, JAMES V.

STREET ADDRESS 737 WESTON PARK DR.

CITY-ST-ZIP POWELL OH

TITLE P ☐ DELETE

NAME THOMPSON, EDWARD C., JR.

STREET ADDRESS 1160 KINGSDALE TERRACE

CITY-ST-ZIP COLUMBUS OH

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)