

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 PM 3:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K94545 (6)
1. Corporation Name
CENTRAL FLORIDA HEALTH ALLIANCE, INC.

Principal Place of Business Mailing Address
5553 W WATERS AVENUE 5553 W WATERS AVENUE
#311 #311
TAMPA FL 33634 TAMPA FL 33634

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **06/12/1989** 3a. Date of Last Report **05/01/1994**
4. FEI Number **59-2954478** 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**
7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ 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 Zip Country 25 Zip Country 29 Zip Country 30 Zip Country

9. Name and Address of Current Registered Agent

**EVANS, GEORGE M.
700 NE 90TH STREET
MIAMI FL 33138-3206**

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

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	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	PAUL, BRUCE	1.2 NAME	
STREET ADDRESS	18132 ARMISTEAD LANE	1.3 STREET ADDRESS	
CITY - ST - ZIP	ODESSA FL	1.4 CITY - ST - ZIP	
TITLE	VD	2.1 TITLE	☐ Change ☐ Addition
NAME	DE CESPEDES, JORGE L.	2.2 NAME	
STREET ADDRESS	7352 NW 35TH TERR	2.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	2.4 CITY - ST - ZIP	
TITLE	TD	3.1 TITLE	☐ Change ☐ Addition
NAME	OLIVER, JAMES	3.2 NAME	
STREET ADDRESS	18132 ARMISTEAD LANE	3.3 STREET ADDRESS	
CITY - ST - ZIP	ODESSA FL	3.4 CITY - ST - ZIP	
TITLE	SD	4.1 TITLE	☐ Change ☐ Addition
NAME	BALDWIN, WILLIAM	4.2 NAME	
STREET ADDRESS	7352 NW 35TH TERR	4.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
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 110.07(3)(k), 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; the receiver or trustee empowered to execute this report as required by Chapter 007, Florida Statutes; and that my name appears in Block 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE:

Bruce Paul Paul **BRUCE PAUL C.E.O.** **4-28-95** **813-PP7-P5-71**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (b)(6) (b)(7)(D)