

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **L06636 (9)**

1. Corporation Name
OCOEE FAMILY MEDICAL CENTER, INC.



Principal Place of Business Mailing Address
% MICHAEL LALIBERTE
2580 W. HWY. 50
OCOEE FL 34761-3311

% MICHAEL LALIBERTE
2531 BOGGY CREEK RD.
KISSIMMEE FL 34744
US

3. Date Incorporated or Qualified **08/03/1989** 3a. Date of Last Report **04/11/1995**

4. FEI Number **59-2963101** 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

2. Principal Place of Business 2a. Mailing Address

21 **10872 W. Colonial Dr.** 26 **Ocoee Family Medical**
Suite, Apt. #, etc. Suite, Apt. #, etc.

22 **Ocoee, Florida** 27 **2531 Boggy Creek Road**
City & State City & State

23 **Ocoee, Florida** 28 **Kissimmee, Fl.**
Zip Country Zip Country

24 **34761** 25 **34744** 29 **34744** 30

9. Name and Address of Current Registered Agent
LALIBERTE, MICHAEL
2580 W. HIGHWAY 50
OCOEE FL 32761

10. Name and Address of New Registered Agent

81 Name **Diana S. Gauchat**

82 Street Address (P.O. Box Number is Not Acceptable)
2531 Boggy Creek Road

83

84 City **Kissimmee** FL 85 Zip Code **34744**

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 **Diana S. Gauchat Pres.** *Diana S. Gauchat Pres.* **407-348-0990**
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	LALIBERTE, MICHAEL	
STREET ADDRESS	1523 S. ORANGE AVE	
CITY-ST-ZIP	ORLANDO FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	PALAZZOLO, ARLENE	
STREET ADDRESS	6803 BONAVISTA CT	
CITY-ST-ZIP	WINTER PARK FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	GAUCHAT, DIANA	
STREET ADDRESS	2531 BOGGY CREEK RD	
CITY-ST-ZIP	KISSIMMEE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Palazzolo, Arlene	
2.3 STREET ADDRESS	2880 Borenquin Dr.	
2.4 CITY-ST-ZIP	Kissimmee, Fl. 34744	
3.1 TITLE	Pres	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Diana S. Gauchat	
3.3 STREET ADDRESS	2531 Boggy Creek Road	
3.4 CITY-ST-ZIP	Kissimmee, Fl. 34744	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 119.07(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 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: **Diana S. Gauchat** *Diana S. Gauchat* **407-348-0990**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)