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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L06636

OCO	EE FAMILY MEDICAL CENTE	R, INC.							
I	Place of Business OLONIAL DR	Mailing Address							
OCOEE FL US	A-301	OCOEE FAMILIY MEDICAL SS -858 BOGGY CREEK ROAD KISSIMMEE FL 34744							
		US			DO NOT WRI	TE IN THIS	SPACE		
					 Oate Incorporated or Qualified 08/03/1989 				
2. Principa	2a. Mailing Address			4 FEI Number					
21		26 2551 BOG94 CA	ek!	Ruad	59-2963101			Applied For	
	pt. #, etc.	Sulta, Apt. #, etc.						Not Applicable	•
22	· · · · · · · · · · · · · · · · · · ·	27			5. Certifcate of Status Desired			Additional	- 1
City & S	tate	City & State			E Flaction Commoins Single			Required	
23 26 28					6. Etection Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees				}
Zip	Country.	Zip ————————————————————————————————————	ountry		8. This corporation owes the curre		Addec	to Fees	
			_		Personal Property Tax.		ngible Yes	□No	J
 	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Ro	raistened A	gent Gent	□No	
G#	WCHAT, DIANA S.		81	Name		<u> </u>	Barre		-}
25	31 BOGGY CREEK ROAD		B2	Street Adde	TRO Boy Man to the State of the		·- <u> </u>		_]
KIS	SSIMMEE FL 34744			On ode Mudit	ss (P.O. Box Number is Not Acceptab	le) į			7
			83						4
			84	011					1
44 5				City		EI	85 Zip	Code	1
office or	if to the provisions of Sections 607,050 registered agent, or both, in the State	2 and 607.1508, Florida Statutes, the	above	named corpo	ration submits this statement for the o	T L			1
agent. f	nt to the provisions of Sections 607.050 registered agent, or both, in the State am familiar with, and accept the obliga	tions of, Section 607,0505, Florida Sta	ed by ti stutes.	he corporation	's board of directors. I hereby accept	the appoint	nanging its Mont as re	registered Gistered	{
SIGNATURE								-	1
12.	Signature, typed or printed name of registered age.	it and bits if applicable. (NOTE: Registers	d Agent I	signature required t	when rekisteting)	DATE			
TITLE	OFFICERS AN	D DIRECTORS 13			ADDITIONS/CHANGES TO OFFI	CERS AND	DIRECTO	DC IN 42	€
NAME	PALAZZOLO, ARLENE	OELETE 1.17	TILE				Change	Addition	∤ ¥
STREET ADDRESS		121	AME	ĺ	•	•	J J.	[_]/E000011	<u>E</u>
CITY-ST-ZIP	KISSIMMEE FL	138	TREET A	DORESS					g
TITLE	P P		TY-8T-2	<u> </u>					[Ä
NAME	GAUCHAT, DIANA S	DELETE 211	MLE				Change	☐ Addition	CR2E034 (11/98)
STREET ADDRESS		22 N	AME.			_			
CITY-ST-ZIP	KISSIMMEE FL	2.3 \$	TREET AC	DORESS					
TITLE	I WOOMINGE FL		1TY-ST-2	ZIP					
NAME		□ DELETE 31TT	ΠE	7			Change	Addition	ľ
STREET ADDRESS		3.2 N/	WE	İ		L.	, yv		
CITY-ST-ZIP		3.3 \$7	REET AD	ORESS		•		- 1	
IIILE		34.CI	TY-51-21	1P					
VAME		DELETE 4.5 m	le				Change	Addition	
STREET ADDRESS		4.2N	WE	İ	•	L.	W		
CITY-ST-ZIP		4.3 811	REET ADO	DRESS				ĺ	
TITLE			Y-ST-ZIF	<u> </u>				1	
LAME .		DELETE 5.1 NIII	LE				Change	[] Add	
}		5.2 NA	WE	- 1		L.	->- Hast-Ng-f	Addition	
TREET ADDRESS		5.3 STF	ZET ADD	RESS	•			}	
TTY-ST-ZIP									
			r-st-Zip	,				1	
AME		5.4 cm □ DELETE 6.1 mm.		<u> </u>			Change	C Addition	

TREET ADDRESS TY-ST-ZIP