

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L45782

FILED
Mar 06, 2008
Secretary of State

Entity Name: MEDICAL PARTNERS OF CENTRAL FLORIDA, P.A.

Current Principal Place of Business:

735 PRIMERA BLVD
#135
LAKE MARY, FL 32746 US

New Principal Place of Business:

Current Mailing Address:

200 S. ORANGE AVENUE
SUN TRUST CENTER - SUITE 2300
ORLANDO, FL 32801

New Mailing Address:

FEI Number: 59-2988646 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

A.G.C. CO.
200 S ORANGE AVENUE - SUITE 2300
ORLANDO, FL 32801 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LEWIS, BRENDA B
Address: 735 PRIMERA BLVD. #135
City-St-Zip: LAKE MARY, FL 32746

Title: VPD () Delete
Name: KILGORE, KIMBERLY J
Address: 735 PRIMERA BLVD. #135
City-St-Zip: LAKE MARY, FL 32746

Title: SD () Delete
Name: GAYOSO, MARCIA D
Address: 735 PRIMERA BLVD. #135
City-St-Zip: LAKE MARY, FL 32746

Title: TD () Delete
Name: BENJAMIN-ARIAS, CAVELLE
Address: 735 PRIMERA BLVD. #135
City-St-Zip: LAKE MARY, FL 32746

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VPD (X) Change () Addition
Name: GAYOSO, MARCIA D
Address: 735 PRIMERA BLVD. #135
City-St-Zip: LAKE MARY, FL 32746

Title: SD (X) Change () Addition
Name: BENJAMIN-ARIAS, CAVELLE
Address: 735 PRIMERA BLVD. #135
City-St-Zip: LAKE MARY, FL 32746

Title: TD (X) Change () Addition
Name: LUTZ, KACIE N
Address: 735 PRIMERA BLVD. #135
City-St-Zip: LAKE MARY, FL 32746

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CAVELLE BENJAMIN-ARIAS

SD

03/06/2008

Electronic Signature of Signing Officer or Director

_____ Date