FILE NOW: FILING FEE IS \$61.25

NONPROFIT. **CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

(7)

FLORIC	DA HOSPITAL MEDICAL PLA	ZA AT OVIEDO, INC.			
Principal Plac	e of Business	Mailing Address		L INDESIDE DEL DIESD LIBER LOBER HEIL DER DER STORE BEREIT	JIDI(BIBLI DIBLI FOOL
1410 W. BROADWAY OVIEDO FL 32804-4840 US		601 E ROLLINS STREET ORLANDO FL 32803 US		3. Date Incorporated or Qualified 03/27/1991 4. FEI Number 59-3067111 Applied For Not Applicable	
2. Principal Place of Business		2a. Mailing Address		5. Certificate of Status Desired \$8.	.75 Additional
21 Suite, Apt. #, etc.		Suite, Apt. #, etc.			ee Required
221		27			.00 May Be ded to Fees
City & State		City & State		7. Is this nonprofit corporation a homeowners association?	
23		28		Yes No	
Zip	Country	Zip	Country	8. This corporation owes or has paid the current ye	ar Intangible
24	25	29 3	10	Personal Property Tax due June 30.	□ No
	9. Name and Address of Current	t Registered Agent		10. Name and Address of New Registered Agent	
81 Name				JOHN GUSTIN	
HATHAWAY, RICHARD D. JOHN GUSTIN			82 Street Address (P.O. Box Number is Not Acceptable)		
601 E. ROLLINS ST.			601 E. ROLLINS ST.		
ORLANDO EL 32803			83	1	
	7		84 City	85	Zip Code
				ORLANDO FL	32803
11. Pursuant to the provision of Sections 67 6502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, of 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 furnitar with accept the alignment of the purpose of changing its registered agent. I am furnitar with accept the appointment as registered agent. I am furnitar with accept the appointment as registered agent. I am furnitar with accept the appointment as registered agent. I am furnitar with a corporation of the corporation of the purpose of changing its registered agent. I am furnitar with a corporation of the corporation of the purpose of changing its registered agent. I am furnitar with a corporation of the corporation of the purpose of changing its registered agent. I am furnitar with a corporation of the corporation of the purpose of changing its registered agent. I am furnitar with a corporation of the corporation of t					
agent. I am fundifar with a collection of Section 617.0503, Florida Statutes.					The Lot of State of Car
SIGNATURE	ASSU V			116148	
	Signature, yield or printed name of registered ager			a required when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECT	OTODO INLAD
12.	PSD OFFICERS AND	DELETE	13. 1.1 TrTLE		ange Addition
NAME	HATHAWAY, RICHARD D.	(A occur	1.2 NAME	INUN CIASTIN	ango parroamon
	601 EAST ROLLINS		1.3 STREET ADDRESS	601 E. ROLLINS ST	
STREET ADDRESS	ORLANDO FL 32803			00, 41124 Gr 37003	
CITY-ST-ZIP TITLE	VD VD	☐ DELETE	1.4 CITY - ST - ZIP 2.1 TITLE	ORLANDO, FL 32803	nange 🔀 Addition
NAME	BO HANNON, DONALD	C verice	2.2 NAME	RANDY HAFFNER ST	ango (ga mannon
STREET ADDRESS	601 EAST ROLLINS STREET		2.3 STREET ADDRESS	LEOI E. ROLLINS ST	
CITY-ST-ZIP	ORLANDO FL 32803		2.4 CITY-ST-ZIP	ORLANDO FL 32823	
TITLE	n	DELETE	3.1 TITLE	□ Ch	ange Addition
NAME	MILLER, SCOTT A.	r	3.2 NAME		-
STREET ADDRESS	601 EAST ROLLINS STREET		3.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32803		3.4. CITY-ST-ZIP		/
TITLE		DELETE	4.1 TITLE		inge 🔲 Addition
NAME			4. 2 NAME		17/1
STREET ADDRESS			4.3 STREET ADDRESS	1/1	1)/////
CITY-ST-ZIP			4.4 CITY-ST-ZIP	//	1910
TITLE		☐ DELETE	5.1 TITLE	1 ☐ Čh	nange 🔲 Addition
NAME			6.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE	· · ·	☐ DELETE	6.1 TITLE	20000259135	nange 🔲 Addition
NAME			6.2 NAME	2000025913 5 2 -07/17/9801008013	
STREET ADDRESS	£-		6.3 STREET ADDRESS	***61.25	
OUTS ATT THE	I^{\perp}		C 4 CITY OT 31D	100000000	

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 experimental enteral 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 decever or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 in thinged of or at attach first with a) address.

FILED

Jul 16 1998 8:00am

Secretary of State