

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997  
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED  
Aug 22 1997 8:00am  
Secretary of State

DOCUMENT # N93000004075 (8)

1. Corporation Name

OSCEOLA COUNTY PHYSICIANS FOR VOLUNTEER SERVICES  
, INC.

Principal Place of Business

Mailing Address

700 WEST OAK STREET  
KISSIMMEE FL 34741  
US

POST OFFICE BOX 421613  
KISSIMMEE FL 34742  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
09/09/1993

3a. Date of Last Report  
01/31/1996

2. Principal Place of Business

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Suite, Apt. #, etc.

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City & State

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Zip

Country

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2a. Mailing Address

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Suite, Apt. #, etc.

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City & State

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Zip

Country

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Zip

Country

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4. FEI Number

59-3254346

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 owes or has paid the current year intangible

Personal Property Tax due June 30.

Yes

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

NO TAX DUE @ this time

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

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84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, 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

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

1. LARIMORE, WALTER

801 E OAK ST

KISSIMMEE FL 34743

2. HENNINGSEN, HARALD

804 OAK COMMONS BLVD.

KISSIMMEE FL 34741

3. GANT, GEORGE

P.O. BOX 450309 N/A

KISSIMMEE FL 34745

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

CR2E037 (4/97)