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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000004075

1. Corporation Name
OSCEOLA COUNTY PHYSICIANS FOR VOLUNTEER SERVICES , INC.

* 372215 - 90031 - 40 *

Principal Place of Business	Mailing Address
~~700 WEST OAK STREET~~ ~~KISSIMMEE FL 34741~~ US	POST OFFIC EBOX 421613 KISSIMMEE FL 34742 US

2. Principal Place of Business 21 2304 Aloma Ave Suite, Apt. #, etc. 22 100 City & State 23 Winter Park, FL Zip 24 32792 Country 25 USA	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30	3. Date Incorporated or Qualifed 09/09/1993 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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
~~LAMB, LEE~~ ~~700 W OAK ST~~ ~~KISSIMMEE FL~~	81 Name: Don Foy, Jr. 82 Street Address (P.O. Box Number is Not Acceptable): 2304 Aloma Ave, Suite 100 83 84 City: Winter Park FL 85 Zip Code: 32792

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: Donald Foy, Jr. DONALD FOY, JR. DATE: 1-19-99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	~~DELETE~~ DF	1.1 TITLE	D	☐ Change ☐ Addition
NAME	LARIMORE, WALTER		1.2 NAME	Foy, Donald	
STREET ADDRESS	601 E OAK ST		1.3 STREET ADDRESS	2304 Aloma Ave, Suite 100	
CITY-ST-ZIP	KISSIMMEE FL 34743		1.4 CITY-ST-ZIP	Winter Park, FL 32792	
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	HENNINGSEN, HARALD		2.2 NAME		
STREET ADDRESS	604 OAK COMMONS BLVD.		2.3 STREET ADDRESS		
CITY-ST-ZIP	KISSIMMEE FL 34741		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	GANT, GEORGE		3.2 NAME		
STREET ADDRESS	P.O. BOX 450309 N/A		3.3 STREET ADDRESS		
CITY-ST-ZIP	KISSIMMEE FL 34745		3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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 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 on an attachment with an address with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED Don Foy Jr. 2/20/99 (407)622-8188
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #