FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAR 15 AM 11:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94000002982 (6)

1. Corporation Name

PHYSICIAN HEALTHCARE NETWORK OF CENTRAL FLORIDA REGIONAL, INC.

Principal Place of Business	Mailing Address
2111 GLENWOOD DR. 201 WINTER PARK FL 32792	2111 GLENWOOD DR. 201 WINTER PARK FL 32792

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/10/1994
3a. Date of Last Report:
4. FEI Number: 59-3251681 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 2111 Glenwood Drive	26 2111 Glenwood Drive
Suite, Apt. #, etc. 22 Suite 103	Suite, Apt. #, etc. 27 Suite 103
City & State 23 Winter Park, FL	City & State 28 Winter Park, FL
Zip / Country 24 32792 / 25 USA	Zip / Country 29 32792 / 30 USA

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

CAROLAN, J P III
390 N ORANGE AVE, 600
ORLANDO FL 32802-1391

10. Name and Address of New Registered Agent

81 Name: James S. Fritz
82 Street Address (P.O. Box Number is Not Acceptable): 2111 Glenwood Dr., Suite 201
83
84 City: Winter Park FL 85 Zip Code: 32792

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: James S Fritz President 1-24-95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DOMINGUEZ, HUMBERTO MD 70 FOX RIDGE CT DEBARY FL 32713	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition Please see attached sheet for additional directors/officers.
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JOHNSON, JESSE MD 4106 W LAKE MARY BLVD, 100 LAKE MARY FL 32746	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MOWERE, DAVID MD 1403 MEDICAL PLAZA DR, 102 SANFORD FL 32771	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PASTIS, MARITSA MD 1403 MEDICAL PLAZA DR, 102 SANFORD FL 32771	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PREGANZ, PETER MD 1401 W SEMINOLE BLVD SANFORD FL 32771	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ROBERTSON, JOHN MD 360 S MELLONVILLE AVE SANFORD FL 32771	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: James S Fritz 1-24-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
James S. Fritz

0032680

PHYSICIAN HEALTHCARE NETWORK OF CENTRAL FLORIDA REGIONAL, INC.
Document # N94000002982 (6)

Block 13. Additions/Changes to Officers and Directors in 12.

1.1	Title	P	**[X] Addition**
1.2	Name	James S. Fritz	
1.3	Street Address	2111 Glenwood Drive, Ste 201	
1.4	City/ST/Zip	Winter Park, FL 32792	
1.1	Title	D / S	**[X] Change**
1.2	Name	Peter Preganz, M.D.	
1.3	Street Address	1401 West Seminole Blvd.	
1.4	City/ST/Zip	Sanford, FL 32771	
1.1	Title	D / T	**[X] Change**
1.2	Name	Jesse Johnson, M.D.	
1.3	Street Address	4106 W. Lake Mary Blvd., Ste 100	
1.4	City/ST/Zip	Lake Mary, FL 32746	
1.1	Title	D	**[X] Addition**
1.2	Name	Sam Shanmugham, M.D.	
1.3	Street Address	1403 Medical Plaza Drive, Ste 204	
1.4	City/ST/Zip	Sanford, FL 32771	
1.1	Title	D	**[X] Addition**
1.2	Name	Page Smith, M.D.	
1.3	Street Address	1229-G Providence Blvd.	
1.4	City/ST/Zip	Deltona, FL 32725	
1.1	Title	D	**[X] Addition**
1.2	Name	P. Travis Smith, M.D.	
1.3	Street Address	1403 Medical Plaza Drive, Ste 205	
1.4	City/ST/Zip	Sanford, FL 32771	
1.1	Title	D	**[X] Addition**
1.2	Name	Lawrence Vallario, M.D.	
1.3	Street Address	209 San Carlos	
1.4	City/ST/Zip	Sanford, FL 32771	
1.1	Title	D	**[X] Addition**
1.2	Name	Stewart Campbell	
1.3	Street Address	1401 West Seminole Blvd.	
1.4	City/ST/Zip	Sanford, FL 32771	
1.1	Title	D	**[X] Addition**
1.2	Name	Douglas Sills	
1.3	Street Address	1401 W. Seminole Blvd.	
1.4	City/ST/Zip	Sanord, FL 32771	