CORPORATION
ANNUAL REPORT
1995

DIVISION OF CORPORATIONS

95 APR -3 PM 5:58

DIVISION OF CORPORATIONS

DOCUMENT # N94000003834 (8)

1. Corporation Name

NORTH CENTRAL FLORIDA MEDICAL NETWORK, INC.

Principal Place of Business	Mailing Address
4127 N.W. 27TH LANE GAINESVILLE FL 32606	4127 N.W. 27TH LANE GAINESVILLE FL 32606

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/02/1994
3a. Date of Last Report: N/A
4. FEI Number: 59-3286250 ☐ 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
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

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

HUNTER, OREGON K
4127 N.W. 27TH LANE
GAINESVILLE FL 32606

10. Name and Address of New Registered Agent

81 Name: Oscar B. De Paz
82 Street Address (P.O. Box Number Is Not Acceptable): 4127 N.W. 27th Lane
83 Apt.
84 City: Gainesville, FL 85 Zip Code: 32606

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: X 2/7/95
(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	President	1.1 TITLE	Ex-Officio Director	☐ Change ☒ Addition
NAME	Oscar B De Paz	1.2 NAME	Rodger Powell	
STREET ADDRESS	4127 NW 27 Ln # A	1.3 STREET ADDRESS	720 SW 2 Ave #360	
CITY-ST-ZIP	Gainesville FL 32606	1.4 CITY-ST-ZIP	Gainesville FL 32601	
TITLE	Vice President	2.1 TITLE		☐ Change ☐ Addition
NAME	Kipp Kennedy II	2.2 NAME		
STREET ADDRESS	6820 NW 11 Pl	2.3 STREET ADDRESS		
CITY-ST-ZIP	Gainesville FL 32605	2.4 CITY-ST-ZIP		
TITLE	Secretary-Treasurer	3.1 TITLE		☐ Change ☐ Addition
NAME	James J Freeman	3.2 NAME		
STREET ADDRESS	6717 NW 11 Pl	3.3 STREET ADDRESS		
CITY-ST-ZIP	Gainesville FL 32605	3.4 CITY-ST-ZIP		
TITLE	Director	4.1 TITLE		☐ Change ☐ Addition
NAME	Dan Dungagson	4.2 NAME		
STREET ADDRESS	6604 NW 9 Blvd	4.3 STREET ADDRESS		
CITY-ST-ZIP	Gainesville FL 32605	4.4 CITY-ST-ZIP		
TITLE	Director	5.1 TITLE		☐ Change ☐ Addition
NAME	Jesse Branner	5.2 NAME		
STREET ADDRESS	4127 NW 27 Ln # A	5.3 STREET ADDRESS		
CITY-ST-ZIP	Gainesville FL 32606	5.4 CITY-ST-ZIP		
TITLE	Ex-Officio Director	6.1 TITLE		☐ Change ☐ Addition
NAME	Oregon Hunter	6.2 NAME		
STREET ADDRESS	4127 NW 27 Ln # A	6.3 STREET ADDRESS		
CITY-ST-ZIP	Gainesville FL 32606	6.4 CITY-ST-ZIP		

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: X 2/7/95
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING OFFICER OR DIRECTOR Date

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