

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
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

3. Date Incorporated or Qualified

08/02/1994

3a. Date of Last Report

04/03/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-3286250

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

23

28

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐

Yes

☒

No

24

25

Country

29

Zip

30

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DEPAZ, OSCAR B  
4127 N.W. 27TH LANE #A  
GAINESVILLE FL 32606

81 Name

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

83

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 board of directors

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☐ DELETE

NAME DE PAZ, OSCAR B  
STREET ADDRESS 4127 NW 27 LN #A  
CITY-ST-ZIP GAINESVILLE FL

11 TITLE ☐ Change ☐ Addition

TITLE VP ☐ DELETE

NAME KENNEDY, KIPP  
STREET ADDRESS 6820 NW 11 PL  
CITY-ST-ZIP GAINESVILLE FL

21 TITLE ☐ Change ☐ Addition

TITLE ST ☐ DELETE

NAME FREEMAN, JAMES  
STREET ADDRESS 6717 NW 11 PL  
CITY-ST-ZIP GAINESVILLE FL

31 TITLE ☐ Change ☐ Addition

TITLE D ☐ DELETE

NAME DUNCANSON, DAN  
STREET ADDRESS 6604 NW 9 BLVD  
CITY-ST-ZIP GAINESVILLE FL

41 TITLE ☐ Change ☐ Addition

TITLE D ☐ DELETE

NAME BRANNEN, JESSE  
STREET ADDRESS 4127 NW 27 LN #A  
CITY-ST-ZIP GAINESVILLE FL

51 TITLE ☐ Change ☐ Addition

TITLE EOD ☐ DELETE

NAME HUNTER, OREGON  
STREET ADDRESS 4127 NW 27 LN #A  
CITY-ST-ZIP GAINESVILLE FL

61 TITLE ☐ 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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)