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FILED

Apr 09 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA 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  
4127 NW 27 LANE A  
GAINESVILLE FL 32606  
US4127 N.W. 27TH LANE  
GAINESVILLE FL 32606-66183. Date Incorporated or Qualified  
08/02/19943a. Date of Last Report  
02/08/1996

2. Principal Place of Business

2a. Mailing Address

21 4881 NW 8th Ave.

26 4881 NW 8th Ave

Suite, Apt. #, etc

Suite, Apt. #, etc.

22 Suite 5

27 Suite 5

City &amp; State

City &amp; State

23 Gainesville FL

28 Gainesville FL

Zip

Country

Zip

Country

24 32605

25 US

29 32605

30 US

4. FEI Number  
59-3286250Applied For  
Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution ☐\$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DEPAZ, OSCAR B  
4127 NW 27TH LANE A  
GAINESVILLE FL 32606

81 Name

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

4881 NW 8th Avenue

83 Suite 5

84 City Gainesville

FL

85 Zip Code  
32605

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☐ DELETENAME DE PAZ, OSCAR B  
STREET ADDRESS 4127 NW 27 LN #A  
CITY-ST-ZIP GAINESVILLE FL1.1 TITLE D ☒ Change ☐ Addition1.2 NAME  
1.3 STREET ADDRESS 4881 NW 8th Ave. #5  
1.4 CITY-ST-ZIP Gainesville FL 32605TITLE VP ☐ DELETENAME KENNEDY, KIPP  
STREET ADDRESS 6820 NW 11 PL  
CITY-ST-ZIP GAINESVILLE FL2.1 TITLE ST ☒ Change ☐ Addition2.2 NAME 4881 NW 8th Ave. #5  
2.3 STREET ADDRESS Gainesville, FL 32605  
2.4 CITY-ST-ZIPTITLE ST ☐ DELETENAME FREEMAN, JAMES  
STREET ADDRESS 6717 NW 11 PL  
CITY-ST-ZIP GAINESVILLE FL3.1 TITLE P ☒ Change ☐ Addition3.2 NAME 4881 NW 8th Ave. #5  
3.3 STREET ADDRESS Gainesville, FL 32605  
3.4 CITY-ST-ZIPTITLE D ☐ DELETENAME DUNCANSON, DAN  
STREET ADDRESS 6804 NW 9 BLVD  
CITY-ST-ZIP GAINESVILLE FL4.1 TITLE VP ☒ Change ☐ Addition4.2 NAME 4881 NW 8th Ave. #5  
4.3 STREET ADDRESS Gainesville, FL 32605  
4.4 CITY-ST-ZIPTITLE D ☐ DELETENAME BRANNEN, JESSE  
STREET ADDRESS 4127 NW 27 LN #A  
CITY-ST-ZIP GAINESVILLE FL5.1 TITLE D ☒ Change ☐ Addition5.2 NAME 4881 NW 8th Ave. #5  
5.3 STREET ADDRESS Gainesville, FL 32605  
5.4 CITY-ST-ZIPTITLE EOD ☐ DELETENAME HUNTER, OREGON  
STREET ADDRESS 4127 NW 27 LN #A  
CITY-ST-ZIP GAINESVILLE FL6.1 TITLE ☒ Change ☐ Addition6.2 NAME 4881 NW 8th Ave. #5  
6.3 STREET ADDRESS Gainesville, FL 32605  
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 on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Director

Jesse C. Brannen

Date 4-4-97 352-375-5574

Daytime Phone # 0010073

CR2E037 (9/96)