

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
Aug 03, 1999 8:00 am  
Secretary of State

08-03-1999 90007 028 \*\*\*\*61.25

DOCUMENT # N94000003834

1. Corporation Name

NORTH CENTRAL FLORIDA MEDICAL NETWORK, INC.

Principal Place of Business

4881 N.W. 8TH AVE.  
STE. 5  
GAINESVILLE FL 32605  
US

Mailing Address

4881 N.W. 8TH AVE.  
STE. 5  
GAINESVILLE FL 32605  
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

08/02/1994

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

9. Name and Address of Current Registered Agent

DEPAZ, OSCAR B  
4881 N.W. 8TH AVE.  
STE. 5  
GAINESVILLE FL 32605

10. Name and Address of New Registered Agent

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D  
NAME DE PAZ, OSCAR B  
STREET ADDRESS 4881 N.W. 8TH VE., STE. 5  
CITY-ST-ZIP GAINESVILLE FL ☐ DELETE

TITLE ST  
NAME KENNEDY, KIPP  
STREET ADDRESS 4881 N.W. 8TH AVE., STE. 5  
CITY-ST-ZIP GAINESVILLE FL ☐ DELETE

TITLE P  
NAME FREEMAN, JAMES  
STREET ADDRESS 4881 N.W. 8TH AVE., STE. 5  
CITY-ST-ZIP GAINESVILLE FL ☐ DELETE

TITLE VP  
NAME DUNCANSON, DAN  
STREET ADDRESS 4881 N.W. 8TH AVE., STE. 5  
CITY-ST-ZIP GAINESVILLE FL ☐ DELETE

TITLE D  
NAME BRANNEN, JESSE  
STREET ADDRESS 4881 N.W. 8TH AVE., STE. 5  
CITY-ST-ZIP GAINESVILLE FL ☐ DELETE

TITLE EOD  
NAME HUNTER, OREGON  
STREET ADDRESS 4881 N.W. 8TH AVE., STE. 5  
CITY-ST-ZIP GAINESVILLE FL ☒ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition  
CHAIRMAN ☒ Change ☐ Addition

ADMINISTRATIVE DIRECTOR ☒ Change ☐ Addition

MEDICAL DIRECTOR ☐ Change ☐ Addition

JOINT BOARD CHAIRMAN  
SIDNEY CLEVINGER  
4881 N.W. 8TH AVE. STE. 5  
GAINESVILLE, FL 32605 ☐ Change ☒ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/99)