

DOCUMENT # N94000003876

1. Entity Name

CENTRAL FLORIDA INTEGRATED PHYSICIANS ASSOCIATES

Principal Place of Business

895 N GARLAND AVENUE
200
ORLANDO FL 32801
US

Mailing Address

945 N GARLAND AVENUE
200
ORLANDO FL 32801-1004
US

2. Principal Place of Business

501 N. Wymore Rd

Suite, Apt. #, etc.

Suite 200

City & State

Winter Park, FL

Zip
32789

Country

3. Mailing Address

501 N. Wymore Rd

Suite, Apt. #, etc.

Suite 200

City & State

Winter Park, FL

Zip
32789

Country

REINSTATEMENT
DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3270637

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WATTS-FITZGERALD, ABIGAIL C
200 SOUTH BISCAYNE BLVD.
MIAMI FL 33131-2398

7. Name and Address of New Registered Agent

Name

Laura R. Dunlap (CSC)

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

1201 Hays Street

City

Tallahassee

FL

Zip Code

32301

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Laura R. Dunlap

Laura R. Dunlap
as its agent

10/24/00

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

V

HUTCHINSON, GIL

7485 CONROY-WINDERMERE RD SUITE C
ORLANDO FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DP

RIDLEY, PAU

7485 CONROY-WINDERMERE RD STE C
ORLANDO FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SD

QUINN, JAMES MD

2209 FRENCH AVE
SANFORD FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TD

KELLY, LARRY MD

515 W SR 434 205-A
LONGWOOD FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

200003515592--6
-12/28/00--01042--017
****245.00 ****245.00

☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/25/00

CR2E037 (9/99)