CORPORATION ANNUAL REPORT 1995

Florida Department of State
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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1. Corporation Name

~~PHYSICIAN HEALTHCARE NETWORK OF LUCERNE MEDICAL CENTER, INC.~~ Physician Healthcare Network of Columbia Park Medical Center, Inc.

Principal Place of Business	Mailing Address
818 S. MAIN LANE ORLANDO FL 32801	818 S. MAIN LANE ORLANDO FL 32801

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/09/1994
3a. Date of Last Report:
4. FEI Number: 59-3285103 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 2111 Glenwood Drive	26 2111 Glenwood Drive
Suite, Apt. #, etc. 22 Suite 103	Suite, Apt. #, etc. 27 Suite 103
City & State 23 Winter Park, FL	City & State 28 Winter Park, FL
Zip / Country 24 32792 / 25 USA	Zip / Country 29 32792 / 30 USA

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

9. Name and Address of Current Registered Agent

CAROLAN, J.P. III
390 N. ORANGE AVE., SUITE 600
ORLANDO FL 32802-1391

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 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	BLALOCK, TULLY T	12 NAME	
STREET ADDRESS	1355 ORANGE AVE., SUITE 1	13 STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK FL 32789	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	VINSON, ROY	22 NAME	
STREET ADDRESS	818 S. MAIN LANE	23 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32801	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	NORRIS, WILLIAM	32 NAME	
STREET ADDRESS	818 S. MAIN LANE	33 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32801	34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☒ Addition
NAME		42 NAME	P/S/T
STREET ADDRESS		43 STREET ADDRESS	James S. Fritz
CITY-ST-ZIP		44 CITY-ST-ZIP	2111 Glenwood Drive #201
TITLE		51 TITLE	~~Winter Park, FL 32792~~ ☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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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: James S. Fritz 3/23/95 407/646-7850
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

James S. Fritz

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