2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 28, 2006 08:00 AM
Secretary of State

DOCUMENT # N95000000870

1. Entity Name
CENTRAL FLORIDA PHYSICIANS ALLIANCE, INC.

Principal Place of Business	Mailing Address
100 S KENTUCKY AVE SUITE 285 LAKELAND, FL 33801 US	100 S KENTUCKY AVE SUITE 285 LAKELAND, FL 33801 US

DO NOT WRITE IN THIS SPACE

07122006 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3312741 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ANDERSON, DALE J EXECDIR
100 S KENTUCKY AVE
SUITE 285
LAKELAND, FL 33801

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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. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is $61.25
Due by September 6, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PRES
NAME	IZSAK, MOSHE MD
STREET ADDRESS	1222 S. FLORIDA AVE.
CITY-ST-ZIP	LAKELAND, FL 33805
TITLE	DIR.
NAME	CORY, MATTHEW J M.D.
STREET ADDRESS	2929 LAKELAND HILLS BLVD
CITY-ST-ZIP	LAKELAND, FL 33805
TITLE	TREA
NAME	BLAKE, WENDELL
STREET ADDRESS	505 MARTIN LUTHER KING JR. AVE.
CITY-ST-ZIP	LAKELAND, FL 33815
TITLE	D
NAME	NOBO JR., RALPH J MD
STREET ADDRESS	222 WEST MAIN STREET
CITY-ST-ZIP	BARTOW, FL 33830
TITLE	D
NAME	MULANEY, JAY
STREET ADDRESS	814 GRIFFIN RD.
CITY-ST-ZIP	LAKELAND, FL 33805
TITLE	D
NAME	EASON, DONALD M.D.
STREET ADDRESS	430 E CENTRAL AVENUE
CITY-ST-ZIP	WINTER HAVEN, FL 33880

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07/28/06-80005-007 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Dale J. Anderson Dale J. Anderson 7/13/06 863.802.8700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Executive Director