


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2007 8:00 am
Secretary of State

03-08-2007 90005 028 ****61.25

DOCUMENT # N95000000870 1. Entity Name CENTRAL FLORIDA PHYSICIANS ALLIANCE, INC.					
Principal Place of Business 100 S KENTUCKY AVE SUITE 285 LAKELAND, FL 33801 US			Mailing Address 100 S KENTUCKY AVE SUITE 285 LAKELAND, FL 33801 US		
2. Principal Place of Business - No P.O. Box # 4953 Southfork Drive Suite, Apt. #, etc.		3. Mailing Address 4953 Southfork Drive Suite, Apt. #, etc.			
City & State Lakeland, FL Zip 33813 Country USA		City & State Lakeland, FL Zip 33813 Country USA		4. FEI Number 59-3312741	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent ANDERSON, DALE J EXEC DIR 100 S KENTUCKY AVE SUITE 285 LAKELAND, FL 33801			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 <u><i>Dale J. Anderson, Executive Director</i></u> 2/20/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES IZSAK, MOSHE MD 1222 S. FLORIDA AVE. LAKELAND, FL 33805	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pres Peter Alvarez, MD 1733 Lakeland Hills Blvd. Lakeland, FL 33805
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR. CORY, MATTHEW J M.D. 2929 LAKELAND HILLS BLVD LAKELAND, FL 33805	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREA BLAKE, WENDELL 505 MARTIN LUTHER KING JR. AVE. LAKELAND, FL 33815	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NOBO JR., RALPH J MD 222 WEST MAIN STREET BARTOW, FL 33830	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MULANEY, JAY 814 GRIFFIN RD. LAKELAND, FL 33805	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EASON, DONALD M.D. 430 E CENTRAL AVENUE WINTER HAVEN, FL 33880	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u><i>Dale J. Anderson</i></u> 2/20/07 863.647-0900 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					