

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000000870

FILED  
Apr 30, 2008  
Secretary of State

**Entity Name:** CENTRAL FLORIDA PHYSICIANS ALLIANCE, INC.

**Current Principal Place of Business:**

4953 SOUTHFOLK DRIVE  
LAKELAND, FL 33813 US

**New Principal Place of Business:**

**Current Mailing Address:**

4953 SOUTHFOLK DRIVE  
LAKELAND, FL 33813 US

**New Mailing Address:**

**FEI Number:** 59-3312741

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ANDERSON, DALE J EXEC DIR  
100 S KENTUCKY AVE  
SUITE 285  
LAKELAND, FL 33801 US

**Name and Address of New Registered Agent:**

ALACH-EARL, SUSAN M EXEC DIR  
239 BIRCH LANE  
LAKELAND, FL 33813 US

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: SUSAN M. ALACH-EARL

04/30/2008

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PRES ( ) Delete  
Name: ALVEREZ, MD, PETER  
Address: 1733 LAKELAND HILLS BLVD  
City-St-Zip: LAKELAND, FL 33805

Title: DIR. ( ) Delete  
Name: CORY, MATTHEW J M.D.  
Address: 2929 LAKELAND HILLS BLVD  
City-St-Zip: LAKELAND, FL 33805

Title: TREA ( ) Delete  
Name: BLAKE, WENDELL  
Address: 505 MARTIN LUTHER KING JR. AVE.  
City-St-Zip: LAKELAND, FL 33815

Title: D ( ) Delete  
Name: NOBO JR., RALPH J MD  
Address: 222 WEST MAIN STREET  
City-St-Zip: BARTOW, FL 33830

Title: D ( ) Delete  
Name: MULANEY, JAY  
Address: 814 GRIFFIN RD.  
City-St-Zip: LAKELAND, FL 33805

Title: D ( ) Delete  
Name: EASON, DONALD M.D.  
Address: 430 E CENTRAL AVENUE  
City-St-Zip: WINTER HAVEN, FL 33880

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SUSAN M. ALACH-EARL

EXEC

04/30/2008

Electronic Signature of Signing Officer or Director

Date