

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000000870

FILED
Apr 29, 2009
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:

3003 SOUTH FLORIDA AVE.
SUITE 203
LAKELAND, FL 33803 US

Current Mailing Address:

4953 SOUTHFOLK DRIVE
LAKELAND, FL 33813 US

New Mailing Address:

3003 SOUTH FLORIDA AVE.
SUITE 203
LAKELAND, FL 33803 US

FEI Number: 59-3312741

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

AKERMAN SENTERFITT
401 E. JACKSON STREET
SUITE 1700
TAMPA, FL 33602 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 EARL

04/29/2009

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

Title: D (X) 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: PRES (X) Change () Addition
Name: SEOANE, SERGIO B
Address: 118 ALLAMANDA DRIVE
City-St-Zip: LAKELAND, FL 33803

Title: DIR (X) Change () Addition
Name: EARL, SUSAN
Address: 239 BIRCH LANE
City-St-Zip: LAKELAND, FL 33813

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

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

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

DIR

04/29/2009

Electronic Signature of Signing Officer or Director

Date