

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000000870

FILED  
Feb 16, 2010  
Secretary of State

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

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

120 E. PINE STREET  
SUITE 11  
LAKELAND, FL 33803 US

**Current Mailing Address:**

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

**New Mailing Address:**

120 E. PINE STREET  
SUITE 11  
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:**

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

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

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: SEOANE, SERGIO B  
Address: 118 ALLAMANDA DRIVE  
City-St-Zip: LAKELAND, FL 33803

Title: ADMI  
Name: EMMITT, KEN  
Address: 1430 E. EDGEWOOD DR  
City-St-Zip: LAKELAND, FL 33803

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

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

I hereby 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 all other like empowered.

SIGNATURE: KEN EMMITT

ADMI

02/16/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date