

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000000870

FILED
Jan 10, 2011
Secretary of State

Entity Name: CENTRAL FLORIDA PHYSICIANS ALLIANCE, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

120 E. PINE STREET
SUITE 11
LAKELAND, FL 33801 US

Current Mailing Address:

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

New Mailing Address:

120 E. PINE STREET
SUITE 11
LAKELAND, FL 33801 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:

EMMITT, KEN
120 E PINE ST.
SUITE 11
LAKELAND, FL 33801 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: KEN EMMITT

01/10/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP
Name: ROMERO, CARLOS MD
Address: 4730 EXPLORATION AVE
City-St-Zip: LAKELAND, FL 33813

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

Title: DT
Name: GHALY, JOSEPH MD
Address: 145 HORIZON COURT
City-St-Zip: LAKELAND, FL 33807

Title: DS
Name: SEOANE, SERGIO B MD
Address: 118 ALLAMANDA DR
City-St-Zip: LAKELAND, FL 33803

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

EXD

01/10/2011

Electronic Signature of Signing Officer or Director

Date