

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000000870

FILED  
Feb 08, 2012  
Secretary of State

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

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

EMMITT, KEN  
120 E PINE ST.  
SUITE 11  
LAKELAND, FL 33801 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: DP  
Name: ROMERO, CARLOS MD  
Address: 4730 EXPLORATION AVE  
City-St-Zip: LAKELAND, FL 33813

Title: S  
Name: SEOANE, SERGIO B MD  
Address: 1800 ALLAMANDA 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: CARLOS ROMERO, MD

DP

02/08/2012

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

\_\_\_\_\_  
Date