

FILE NOW: FILING FEE IS \$61.25

FILED  
May 15 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000003649 (8)**

1. Corporation Name

**INTEGRATED PHYSICIAN SERVICES, INC.**



Principal Place of Business	Mailing Address
<b>301 N. ALEXANDER ST. PLANT CITY FL 33566</b>	<b>301 N. ALEXANDER ST. PLANT CITY FL 33566</b>

3. Date Incorporated or Qualified

**07/11/1996**

4. FEI Number

**59-3404509**

Applied For

Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00 May Be  
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ANDERSON, WILLIAM H  
301 N. ALEXANDER ST.  
PLANT CITY FL 33566**

81 Name **William G. Ulbricht**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**301 N. Alexander St.**  
83  
84 City **Plant City** FL 85 Zip Code **33566**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, in both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**4/1/98**

12. OFFICERS AND DIRECTORS		DELETE
TITLE	PD	<input checked="" type="checkbox"/>
NAME	ANDERSON, WILLIAM H	
STREET ADDRESS	301 N. ALEXANDER ST.	
CITY-ST-ZIP	PLANT CITY FL 33566	
TITLE	STD	<input type="checkbox"/>
NAME	ULBRICHT, WILLIAM G	
STREET ADDRESS	301 N. ALEXANDER ST.	
CITY-ST-ZIP	PLANT CITY FL 33566	
TITLE	D	<input type="checkbox"/>
NAME	THALL, GEORGE R	
STREET ADDRESS	301 N. ALEXANDER STREET	
CITY-ST-ZIP	PLANT CITY FL 33566	
TITLE	D	<input type="checkbox"/>
NAME	BUTLER, STEPHEN M.D.	
STREET ADDRESS	301 N. ALEXANDER ST.	
CITY-ST-ZIP	PLANT CITY FL 33566	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	PD	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME	ISAAC MAILLH		
1.3 STREET ADDRESS	301 N. ALEXANDER ST.		
1.4 CITY-ST-ZIP	PLANT CITY, FL. 33566		
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4/1/98 813-757-1245**

CP2E037 (10/97)