

AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N97000005587 (7)

1. Corporation Name

AMERICAN ASSOCIATION OF PROVIDER SPONSORED ORGANIZATIONS, INC.

Principal Place of Business

Mailing Address

1222 S. DALE MABRY HWY., STE. 617  
TAMPA FL

1222 S. DALE MABRY HWY., STE. 617  
TAMPA FL

FILED

98 DEC 24 PM 3: 50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

28 Zip

30 Country

3. Date Incorporated or Qualified

10/02/1997

4. FEI Number

59-3493350

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$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

A.G.C. CO.  
200 S. ORANGE AVE.  
SUNTRUST CENTER, STE. 2300  
ORLANDO FL 32802

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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, or 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

12/21/98

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE Chairman - D  
NAME RSvenable  
STREET ADDRESS 1222 S. Dale Mabry Ste #617  
CITY-ST-ZIP Tampa, FL 33629

TITLE T  
NAME Laurie Levin  
STREET ADDRESS 25th Floor - Suntrust Bldg/Baker-Hastetter  
CITY-ST-ZIP ORLANDO, FL 32802-0112

TITLE T  
NAME Loris Peacock  
STREET ADDRESS 9535 International Drive  
CITY-ST-ZIP St. Petersburg, FL 33716

TITLE T  
NAME Jacob Kurian  
STREET ADDRESS 513 Mariquita Rd  
CITY-ST-ZIP Albuquerque, N.M. 87048

TITLE D  
NAME Eugene Samuels  
STREET ADDRESS 11242 S.W. 126 PLACE  
CITY-ST-ZIP MIAMI, FL 33186

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

REINSTATEMENT

100002725-41-7

-12/29/98-00000-012

\*\*\*245.00/245.00

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 #

0008576

CR2E037 (5/98)