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**Mar 14, 1999 8:00 am**  
**Secretary of State**

03-14-1999 90029 008 \*\*\*\*61.25

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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N97000005587**

1. Corporation Name

**AMERICAN ASSOCIATION OF PROVIDER SPONSORED ORGANIZATIONS, INC.**

Principal Place of Business

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

Mailing Address

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

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  
Trust Fund Contribution ☐

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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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. OFFICERS AND DIRECTORS

TITLE CD ☐ DELETE  
NAME VENABLE, R.S.  
STREET ADDRESS 1222 S. DALE MABRY STREET, SUITE 617  
CITY-ST-ZIP TAMPA FL 33629

TITLE T ☐ DELETE  
NAME LEVIN, LAURIE  
STREET ADDRESS 25TH FLOOR, SUNTRUST BLDG.  
CITY-ST-ZIP ORLANDO FL 32802-0112

TITLE T ☐ DELETE  
NAME PEACOCK, LORIA  
STREET ADDRESS 9535 INTERNATIONAL DRIVE  
CITY-ST-ZIP ST. PETERSBURG FL 33716

TITLE T ☐ DELETE  
NAME KURINAN, JACOB  
STREET ADDRESS 513 MARGUITA ROAD  
CITY-ST-ZIP CORRALES NM 87048

TITLE D ☐ DELETE  
NAME SAMUELS, EUGENE  
STREET ADDRESS 11242 S.W. 128TH PLACE  
CITY-ST-ZIP MIAMI FL 33186

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

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

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

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

6.1 TITLE ☐ Change ☐ Addition  
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, with all other like empowered.

SIGNATURE:

*R. Venable*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)