

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 21, 1999 8:00 am
Secretary of State

04-21-1999 90163 035 ****61.25

DOCUMENT # N97000006893

1. Corporation Name

CONCERNED PHYSICIANS OF AMERICA, INC.

Principal Place of Business

**2501 NORTH ORANGE AVENUE SUITE 405 SOUTH
ORLANDO FL 32804**

Mailing Address

**PO BOX 2489
WINTER PARK FL 32790-2489**



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

12/11/1997

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

59-3465531

Applied For

Not Applicable

23 City & State

27 City & State

5. Certificate of Status Desired ☐

\$8.75 Additional

Fee Required

24 Zip

Country

28 Zip

Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**JOHN L. BREWERTON, III, P.A.
250 NORTH ORANGE AVENUE, PENTHOUSE SUITE
ORLANDO FL 32801**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **DP** ☐ DELETE
NAME **SHAFRAN, IRA MD**
STREET ADDRESS **2501 NORTH ORANGE AVENUE SUITE 405 SOUTH**
CITY-ST-ZIP **ORLANDO FL 32804**

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

☐ Change ☐ Addition

TITLE **D** ☐ DELETE
NAME **SHAFRAN, ANITA**
STREET ADDRESS **2501 NORTH ORANGE AVENUE SUITE 405 SOUTH**
CITY-ST-ZIP **ORLANDO FL 32804**

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

☐ Change ☐ Addition

TITLE **DV** ☐ DELETE
NAME **FAKIH, FAISAL A MD**
STREET ADDRESS **400 WEST MORSE BLVD SUITE 220**
CITY-ST-ZIP **WINTER PARK FL 32789**

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

☐ Change ☐ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

☐ Change ☐ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

☐ Change ☐ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037. (1/198)

0015832