

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000058125

**FILED**  
**Feb 08, 2011**  
**Secretary of State**

**Entity Name:** PHYSICIANS OF CENTRAL FLORIDA, P.A.

**Current Principal Place of Business:**

18550 US HWY 441  
A  
MOUNT DORA, FL 32757

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 297  
TAVARES, FL 32778

**New Mailing Address:**

**FEI Number:** 55-0836056

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LOWRY, ARCHIE O JR.  
308 FIFTH AVE  
MT DORA, FL 32757 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:** P  
**Name:** CHANG, KHAI S  
**Address:** 18550 US HWY 441 STE A  
**City-St-Zip:** MOUNT DORA, FL 32757

**Title:** D  
**Name:** ZELJKO, TOMISLAV  
**Address:** 18550 US HWY 441 SUITE A  
**City-St-Zip:** MOUNT DORA, FL 32757

**Title:** D  
**Name:** TODOROVIC, BORIS  
**Address:** 18550 US HWY. 441 SUITE A  
**City-St-Zip:** MOUNT DORA, FL 32757

**Title:** D  
**Name:** ZAMAN, WAHEEDUZ  
**Address:** 18550 US HWY. 441 SUITE A  
**City-St-Zip:** MOUNT DORA, FL 32757

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

**SIGNATURE:** KHAI CHANG

P

02/08/2011

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

\_\_\_\_\_  
Date