

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**Mar 16, 1999 8:00 am**  
**Secretary of State**

03-16-1999 90017 040 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

**DOCUMENT # P92000005022**

1. Corporation Name  
**FLORIDA PHYSICIANS INC.**



Principal Place of Business  
**C/O MARTHA EASTER**  
**6239 DONEGAL**  
**ORLANDO FL 32819**  
*300 GOLF BROOK CIRCLE #100*  
*LONGWOOD, FL 32779*

Mailing Address  
**C/O DONALD W. MUSTICO, CPA.**  
**304 WILLIAM STREET**  
**ELMIRA NY 14901**  
**US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**11/12/1992**

2. Principal Place of Business  
**21 300 GOLF BROOK CIRCLE**

2a. Mailing Address  
**26 C/O 303 WILLIAM ST**

4. FEI Number  
**59-3158480**

Applied For  
☐ Not Applicable

Suite, Apt. #, etc.  
**22 #100**

Suite, Apt. #, etc.  
**27**

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

City & State  
**23 LONGWOOD**

City & State  
**28 ELMIRA NY**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00** May Be Added to Fees

Zip Country  
**24 FL 25 32779**

Zip Country  
**29 14901 30 US**

8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**EASTER, MARTHA**  
**6239 DONEGAL**  
**ORLANDO FL 32819**

81 Name **MARTHA EASTER**

82 Street Address (P.O. Box Number is Not Acceptable)  
**300 GOLF BROOK CIRCLE #100**

83

84 City **LONGWOOD** **FL** 85 Zip Code **32779**

1. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, 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 ☐ DELETE  
NAME **P MUSTICO, DONALD W**  
STREET ADDRESS **304 WILLIAM ST 303 WILLIAM ST**  
CITY-ST-ZIP **ELMIRA NY 14901**

1.1 TITLE **P**  
1.2 NAME **MUSTICO, DONALD W.**  
1.3 STREET ADDRESS **303 WILLIAM ST.**  
1.4 CITY-ST-ZIP **ELMIRA, NY 14901**

☒ Change ☐ Addition

TITLE ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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 607, 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 #

CR2E034 (11/98)