

DOCUMENT # P92000005022

FLORIDA PHYSICIANS INC.

300 GOLF BROOK CIRCL
#100
LONGWOOD FL 32779

% 303 WILLIAM ST
ELMIRA NY 14901
US

Suite, Apt. #, etc.

City & State

Country

Not Applicable

\$8.75 Additional
Fee Required

EASTER, MARTHA
300 GOLF BROOK CIRCLE
100
LONGWOOD FL 32779

Zip Code

DATE _____

\$5.00 May Be
Added to Fees

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with any address, with all other like empowered.

3/8/60 (602) 733-7770

Daytime Phone #

CR2E034 (9/99)