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FILED

Feb 27 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000076634 (3)

1. Corporation Name

MEDICAL ASSOCIATES OF CENTRAL FLORIDA, P.A.

Principal Place of Business

129 SOUTH 5TH STREET
SUITE A
HAINES CITY FL 33844-5253
US

Mailing Address

129 SOUTH 5TH STREET
SUITE A
HAINES CITY FL 33844-5253
US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/05/1993

4. FEI Number

59-3202432

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

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 3100 US Hwy 27S

Suite, Apt. #, etc.

22 City & State

23 HAINES CITY

24 Zip

33844

Country

25 POLK

2a. Mailing Address

26 3100 US Hwy 27S

Suite, Apt. #, etc.

27 City & State

28 HAINES CITY

29 Zip

33844-8935

Country

30 POLK

9. Name and Address of Current Registered Agent

ALLAM, MAHESH G M.D.
129 SOUTH 5TH STREET, SUITE A
HAINES CITY FL 33844

10. Name and Address of New Registered Agent

81 Name

ALLAM MAHESH G. M.D.

82 Street Address (P.O. Box Number is Not Acceptable)

3100 US Hwy 27 SOUTH

83

84 City

HAINES CITY

FL

85 Zip Code

33844

11. 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

M. Allam
Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

11/1/98
DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

P
NAME ALLAM, MAHESH G
STREET ADDRESS 129 SOUTH 5TH STREET SUITE A
CITY-ST-ZIP HAINES CITY FL

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

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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

3100 US Hwy 27S
HAINES CITY, FL 33844

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

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.

SIGNATURE:

M. Allam MD

11/1/98 (941) 439-9775

CR2E034 (10/97)