FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 28 PM 2:03

DOCUMENT # **P94000045190 (3)**

1. Corporation Name
PHYSICIAN HEALTHCARE NETWORK OF COLUMBIA PARK, I NC.

Principal Place of Business	Mailing Address
2111 GLENWOOD DR. 201 WINTER PARK FL 32792	2111 GLENWOOD DR. 201 WINTER PARK FL 32792

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/10/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 2111 Glenwood Drive	26 2111 Glenwood Drive
Suite, Apt. #, etc. 22 Suite 103	Suite, Apt. #, etc. 27 Suite 103
City & State 23 Winter Park, FL	City & State 28 Winter Park, FL
Zip / Country 24 32792 / 25 USA	Zip / Country 29 32792 / 30 USA

4. FEI Number: 59-3251684 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CAROLAN, J P III 390 N ORANGE AVE, 600 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 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 _____ DATE
(signature required if printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when mailing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	BLALOCK, TULLY T M D	12 NAME	see attached list for additional officers and directors
STREET ADDRESS	1355 ORANGE AVE, 1	13 STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK FL 32789	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	SWEDISH, JOSEPH R	22 NAME	
STREET ADDRESS	200 N LAKEMONT AVE	23 STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK FL 32792	24 CITY-ST-ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 the 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 asterisk.

SIGNATURE: James S. Reitz 3/23/95 407/646-7850
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number
JAMES S. REITZ

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PHYSICIAN HEALTHCARE NETWORK OF COLUMBIA PARK, INC.
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Block 13. Additions/Changes to Officers and Directors in 12.

1.1	Title	P	**[X] Addition**
1.2	Name	James S. Fritz	
1.3	Street Address	2111 Glenwood Drive, Ste 201	
1.4	City/ST/Zip	Winter Park, FL 32792	
1.1	Title	D/S/T	**[X] Addition**
1.2	Name	Alden E. Sanborn, M.D.	
1.3	Street Address	100 West Gore Street, Suite 605	
1.4	City/ST/Zip	Orlando, FL 32806	
1.1	Title	D	**[X] Addition**
1.2	Name	William D. Rogers, M.D.	
1.3	Street Address	800 West Morse Blvd., Suite 5	
1.4	City/ST/Zip	Winter Park, FL 32789	
1.1	Title	D	**[X] Addition**
1.2	Name	William R. Thieler, M.D.	
1.3	Street Address	1181 Orange Avenue	
1.4	City/ST/Zip	Winter Park, FL 32792	
1.1	Title	D	**[X] Addition**
1.2	Name	Bruce E. Breit, M.D.	
1.3	Street Address	100 Perth Lane	
1.4	City/ST/Zip	Winter Park, FL 32792	
1.1	Title	D	**[X] Addition**
1.2	Name	Lawrence Vallario, M.D.	
1.3	Street Address	209 San Carlos	
1.4	City/ST/Zip	Sanford, FL 32771	
1.1	Title	D	**[X] Addition**
1.2	Name	Humberto Dominguez, M.D.	
1.3	Street Address	70 Fox Ridge Court	
1.4	City/ST/Zip	Debary, FL 32713	
1.1	Title	D	**[X] Addition**
1.2	Name	Rory Evans, M.D.	
1.3	Street Address	200 West Gore Street	
1.4	City/ST/Zip	Orlando, FL 32806	
1.1	Title	D	**[X] Addition**
1.2	Name	Arnold Miller, D.O.	
1.3	Street Address	802 West Oak Street	
1.4	City/ST/Zip	Kissimmee, FL 34741	

PHYSICIAN HEALTHCARE NETWORK OF COLUMBIA PARK, INC.
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Block 13. Additions/Changes to Officers and Directors in 12. (continued)

1.1	Title	D	[X] Addition
1.2	Name	Gustavo Arvelo, M.D.	
1.3	Street Address	201 Hilda Street, Suite #35	
1.4	City/ST/Zip	Kissimmee, FL 34741	
1.1	Title	D	[X] Addition
1.2	Name	Lewis A. Seifert	
1.3	Street Address	2111 Glenwood Drive, Suite 100	
1.4	City/ST/Zip	Winter Park, FL 32792	
1.1	Title	D	[X] Addition
1.2	Name	Tully T. Blalock, M.D.	
1.3	Street Address	1355 Orange Avenue, Suite 1	
1.4	City/ST/Zip	Winter Park, FL 32789	
1.1	Title	D	[X] Addition
1.2	Name	Joseph R. Swedish	
1.3	Street Address	200 N. Lakemont Avenue	
1.4	City/ST/Zip	Winter Park, FL 32792	