SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 0, 1995.
AMOUNT DUE ON OR BEFORE 6/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT 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 JUN 30 AM 9:58

DOCUMENT # **P94000073700 (4)**

1. Corporation Name

CENTRAL FLORIDA PRIMARY CARE, P.A.

Principal Place of Business	Mailing Address
4401 SOUTH ORANGE AVE. SUITE 113 ORLANDO FL 32806	4401 SOUTH ORANGE AVE. SUITE 113 ORLANDO FL 32806

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business (21)	2a. Mailing Address (26)
Suite, Apt. #, etc (22)	Suite, Apt. #, etc (27)
City & State (23)	City & State (28)
Zip (24) / County (25)	Zip (29) / County (30)

3. Date Incorporated or Qualified: 10/07/1994
3a. Date of Last Report:
4. FEI Number: 59-3271117 ☐ 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
COWAN, DAVID F 4401 SOUTH ORANGE AVE. SUITE 113 ORLANDO FL 32806	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 the 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, typed or printed name of registered agent and title if applicable — 7631 Registered Agent signature required when reinstating

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES, OR DELETIONS	
TITLE	DCEO	11 TITLE	☐ Change ☐ Addition
NAME	COWAN, DAVID F	12 NAME	
STREET ADDRESS	4401 S. ORANGE AVE., STE. 113	13 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32806	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	HERNANDEZ, FERNANDO I	22 NAME	
STREET ADDRESS	600 N. HART BLVD.	23 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32818	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	DIRECTOR ☐ Change ☐ Addition
NAME	JANOVITZ, RICHARD H	32 NAME	J. MICHAEL LATHAM -
STREET ADDRESS	2876 S. OSCEOLA AVE.	33 STREET ADDRESS	3615 S. ORANGE AVE
CITY-ST-ZIP	ORLANDO FL 32806	34 CITY-ST-ZIP	ORLANDO, FL 32806
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	MARSH, ELLA J	42 NAME	
STREET ADDRESS	7824 LAKE UNDERHILL RD., STE. D & E	43 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32822	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	LEHMAN, GARY G	52 NAME	
STREET ADDRESS	4711-C CURRY FORD RD.	53 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32812	54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

CR2E034 (3/95)

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 above, or on an attachment with an address.

SIGNATURE: David F Cowan MD 6/6/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0012717 CP