

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

24 Country

28 Zip

29 Country

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

10/07/1994

3a. Date of Last Report

06/30/1995

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

10. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

1/30/96

12. OFFICERS AND DIRECTORS

TITLE DCEO
NAME COWAN, DAVID F
STREET ADDRESS 4401 S. ORANGE AVE., STE. 113
CITY-ST-ZIP ORLANDO FL 32806

TITLE D
NAME HERNANDEZ, FERNANDO I
STREET ADDRESS 600 N. HART BLVD.
CITY-ST-ZIP ORLANDO FL 32818

TITLE D
NAME LATHAM, J. MICHAEL
STREET ADDRESS 3615 S ORANGE AVENUE
CITY-ST-ZIP ORLANDO FL

TITLE D
NAME MARSH, ELLA J
STREET ADDRESS 7824 LAKE UNDERHILL RD., STE. D & E
CITY-ST-ZIP ORLANDO FL 32822

TITLE D
NAME LEHMAN, GARY G
STREET ADDRESS 4711-C CURRY FORD RD.
CITY-ST-ZIP ORLANDO FL 32812

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

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 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)(k), 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 as an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/96

907/826-3000

CR2E034 (12/95)