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FILED  
Jan 31 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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 32806-6834

3. Date Incorporated or Qualified

10/07/1994

3a. Date of Last Report

03/04/1996

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

2. Principal Place of Business

21 Suite, Apt #, etc.

22 City & State

23 Zip Country

24 25 29 30

2a. Mailing Address

26 Suite, Apt #, etc.

27 City & State

28 Zip Country

9. Name and Address of Current Registered Agent

COWAN, DAVID F  
4401 SOUTH ORANGE AVE.  
SUITE 113  
ORLANDO FL 32806

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 fee, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

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

I do 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: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/6/97

Date

407/826-3000

Daytime Phone #

0087341

CR2E034 (9/96)