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Mar 20 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 # **P95000009185 (6)**

1. Corporation Name

FLORIDA PHYSICIAN SERVICES, INC.

Principal Place of Business

**408 W UNIVERSITY AVE
SUITE 108
GAINESVILLE FL 32601
US**

Mailing Address

**408 W UNIVERSITY AVE
SUITE 108
GAINESVILLE FL 32601
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/03/1995

4. FEI Number

59-3313031

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

Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27 City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**CHERNIGA, MICHAEL J
101 EAST COLLEGE AVENUE
TALLAHASSEE FL 32301**

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)

DATE

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE

NAME **CAUTHEN, JOSEPH C**
STREET ADDRESS **6510 NW 9TH BLVD SUITE 1**
CITY-ST-ZIP **GAINESVILLE FL**

TITLE **D** ☐ DELETE

NAME **DUSSIA, EVAN E II M**
STREET ADDRESS **1011 MICCOSUKEE RD**
CITY-ST-ZIP **TALLAHASSEE FL**

TITLE **D** ☐ DELETE

NAME **GILMOUR, KAY E M**
STREET ADDRESS **3550 UNIVERSITY BLVD #302**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **D** ☐ DELETE

NAME **CONDON, COLIN J M**
STREET ADDRESS **414 N MILLS AVE**
CITY-ST-ZIP **ORLANDO FL**

TITLE **D** ☐ DELETE

NAME **GOLDBERG, ROBERT I**
STREET ADDRESS **4300 ALTON RD, GI DEPT**
CITY-ST-ZIP **MIAMI BCH FL**

TITLE **D** ☐ DELETE

NAME **HEYECK, RANDY V**
STREET ADDRESS **1324 LAKELAND HILLS AVE**
CITY-ST-ZIP **LAKELAND FL**

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

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

Joseph C. Cauthen, M.D., P.A.

6510 N.W. 9th Blvd., Suite 1

Gainesville, Florida 32605

Ph. (352) 331-0811 Fax (352) 332-6387

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 607.0505, Florida Statutes, and 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 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

Joseph C. Cauthen, M.D., P.A. 352 331 0811

CR2E034 (10/97)