

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Feb 26, 1999 8:00 am  
Secretary of State

02-26-1999 90069 013 \*\*\*150.00

DOCUMENT # P95000009185

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

2. Principal Place of Business

21 845 N. Garland

Suite, Apt. #, etc.  
22 200

City & State  
23 Orlando, FL

Zip Country  
24 32801 25 Orange

2a. Mailing Address

26 845 N Garland

Suite, Apt. #, etc.  
27 200

City & State  
28 Orlando FL

Zip Country  
29 32801 30 Orange

9. Name and Address of Current Registered Agent

CHERNIGA, MICHAEL J  
101 EAST COLLEGE AVENUE  
TALLAHASSEE FL 32301

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 the current year Intangible  
Personal Property Tax. ☐ 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)

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 1911 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 CONDRON, 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

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

0061303