

BUSINESS REPORT (UBR)

95000009185

FLORIDA PHYSICIAN SERVICES, INC.

FILED

00 NOV -6 PM 1:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

7/17/00 900791005 \$150.00

Business	Mailing Address
	845 N. GARLAND SUITE 200 ORLANDO FL 32801-1095 US
Place of Business	3. Mailing Address
1. #, etc.	Suite, Apt. #, etc.
ite	City & State
Country	Zip

DO NOT WRITE IN THIS SPACE

Number	59-3313031	Applied For	
		Not Applicable	
ificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required	
ne and Address of New Registered Agent			
Number is Not Acceptable)			

6. Name and Address of Current Registered Agent

FRINGA, MICHAEL J
EAST COLLEGE AVENUE
LAHASSEE FL 32301

City	FL	Zip Code
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named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

Michael J Fringa
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

ration is eligible to satisfy its intangible
equipment and elects to do so.
ia on back) ☐

10. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
P CAUTHEN, JOSEPH C 6510 NW 8TH BLVD SUITE 1 GAINESVILLE FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
D DUSSIA, EVAN E II M 1011 MCCOSKEE RD TALLAHASSEE FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
D GILMOUR, KAY E M 3550 UNIVERSITY BLVD #302 JACKSONVILLE FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
D CONORON, COLIN J M 414 N MILLS AVE ORLANDO FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
D GOLDBERG, ROBERT I 4300 ALTON RD GLENN MIAMI BCH FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
D REYCK, RANDY V 11321 LAKELAND HILLS AVE LAKELAND FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		

000003491250--1
-12/08/00--01012--020
****400.00 ****400.00

Notice: This will serve as your 60 days notice that the entity will be dissolved and an additional \$500 will be due if the uniform business system is not properly filed. If the appropriate fee paid by December 12, 2000, the entity will not be dissolved. If the appropriate fee is not paid, the entity will be dissolved. If the appropriate fee is not paid, the entity will be dissolved. If the appropriate fee is not paid, the entity will be dissolved.

Signature Required

Joseph C Caughen (352) 333-0811
1/31/00

Signature and Typed or Printed Name of Signing Officer or Director

NORTH AMERICAN
MEDICAL MANAGEMENT

2 of 2
A PhyCor Company

October 24, 2000

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

To Whom It May Concern:

After speaking with Claims Examiners, Michelle and Leslie, I've learned that you did not receive our previous payment of \$400.00 (check # 30901723) that was mailed to you on August 10, 2000. At this time, I am requesting that any and all late fees/reinstatement fees be waived. I have also enclosed a check another for \$400.00, along with a copy of our Annual Business Report. If you should have any questions, please feel free to contact me at (407) 398-0200, ext. 109.

Sincerely,

Blair Cruz

Blair Cruz
Administrative Assistant
NAMM - Florida, Inc.

Leslie, this was also sent w/ original package explaining payment