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 # **P95000025469 (4)**

1. Corporation Name

CENTRAL FLORIDA PHYSICIAN PRACTICES, INC.

Principal Place of Business	Mailing Address
610 EAST MAIN ST. LEESBURG FL 34748	610 EAST MAIN ST. LEESBURG FL 34748

3. Date Incorporated or Qualified: **03/28/1995**

3a. Date of Last Report:

4. FEI Number: 59-3328674 — Applied For / Not Applicable

5. Certificate of Status Desired: [X] **$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 [X] No

2. Principal Place of Business	2a. Mailing Address
21 600 East Dixie Avenue	26 600 East Dixie Avenue
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Leesburg, FL	City & State 28 Leesburg, FL
Zip 24 34748 — Country 25 Lake	Zip 29 34748 — Country 30 Lake

9. Name and Address of Current Registered Agent

ROBUCK, H D JR.
610 EAST MAIN ST.
LEESBURG FL 34748

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 607.1504, 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 _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[ ] DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	[ ] Change [X] Addition C/D Bolick, R. Richard 01403 Spring Lake Road Fruitland Park, FL 34731
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[ ] DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	[ ] Change [X] Addition P/D Giffin, James R. 600 East Dixie Avenue Leesburg, FL 34748
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[ ] DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	[ ] Change [X] Addition S/T/D McConnell, R. Patton 600 East Dixie Avenue Leesburg, FL 34748
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[ ] DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	[ ] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[ ] DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	[ ] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[ ] DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	[ ] Change [ ] Addition

14. I do hereby certify that the information supplied with this filing 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 with an asterisk (*) adjacent thereto.

SIGNATURE: _____ R.Patton McConnell — Secretary/Treasurer* — (352)323-5001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE

CR2E034 (12/95)