

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 07, 2002 8:00 am**  
**Secretary of State**

02-07-2002 90316 005 \*\*\*150.00

**DOCUMENT # P95000025469**  
 1. Entity Name  
**CENTRAL FLORIDA PHYSICIAN PRACTICES, INC.**

Principal Place of Business <b>600 EAST DIXIE AVENUE LEESBURG FL 34748 US</b>	Mailing Address <b>600 EAST DIXIE AVENUE LEESBURG FL 34748 US</b>
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number <b>59-3328674</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**ROBUCK, H D JR.**  
**610 EAST MAIN ST.**  
**LEESBURG FL 34748**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.  
 SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)  
 DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.   
**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**  
 10. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CD</b> <b>MEADE, ROBERT T M.D.</b> <b>801 E. DIXIE AVENUE, SUITE A-107</b> <b>LEESBURG FL 34748</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STD</b> <b>MCCONNELL, R P</b> <b>600 EAST DIXIE AVENUE</b> <b>LEESBURG FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>WOOTEN, RICHARD L</b> <b>600 E DIXIE AVE</b> <b>LEESBURG FL 34748</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>ELSWICK, SHANNON</b> <b>1097 E. JACKS ROAD</b> <b>CLERMONT FL 34711</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *R. Patton McConnell* **R. PATTON MCCONNELL**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 Date: **1/10/02**  
 Daytime Phone #: **352-323-5002**

CR2E034 (9/01)