

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 28, 2003 8:00 am
Secretary of State

02-28-2003 90133 028 ***158.75

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1. Entity Name
CENTRAL FLORIDA PHYSICIAN PRACTICES, INC.

Principal Place of Business
**600 EAST DIXIE AVENUE
LEESBURG FL 34748
US**

Mailing Address
**600 EAST DIXIE AVENUE
LEESBURG FL 34748
US**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3328674**

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired, **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **CD** Delete
NAME **MEADE, ROBERT T M.D.**
STREET ADDRESS **801 E. DIXIE AVENUE, SUITE A-107**
CITY-ST-ZIP **LEESBURG FL 34748**

TITLE **CD** Change Addition
NAME **TIMOTHY I. SULLIVAN**
STREET ADDRESS **600 E DIXIE AVE**
CITY-ST-ZIP **LEESBURG FL 34748**

TITLE **STD** Delete
NAME **MCCONNELL, R P**
STREET ADDRESS **600 EAST DIXIE AVENUE**
CITY-ST-ZIP **LEESBURG FL**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **PD** Delete
NAME **WOOTEN, RICHARD L**
STREET ADDRESS **600 E DIXIE AVE**
CITY-ST-ZIP **LEESBURG FL 34748**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **P** Delete
NAME **ELSWICK, SHANNON**
STREET ADDRESS **1097 E. JACKS ROAD**
CITY-ST-ZIP **CLERMONT FL 34711**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **R PATTON MCCONNELL** **Treasurer** **2-12-03** **352-323-5002**
Date Daytime Phone #

CR2E034 (10/02)