

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

PROFIT
CORPORATION
ANNUAL REPORT

1999-2000



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

DOCUMENT # P95000058050

1. Corporation Name

NORTH CENTRAL FLORIDA MEDICAL SURGICAL ASSOCIATE
S, INC.

Principal Place of Business

7019 SW 11TH PL
GAINESVILLE FL 32605

Mailing Address

7019 SW 11TH PL
GAINESVILLE FL 32605

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 Zip Country

2A. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

TOVKACH, WALTER M
527 E UNIVERSITY AVE
GAINESVILLE FL 32601

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 Section 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, type or print name of registered agent and title if applicable

(NOTE: Registered Agent signature required when filing change)

DATE

4/30/99

12. OFFICERS AND DIRECTORS

12A. TITLE ☐ DELETE

D
SMITH, LARRY N
7019 SW 11TH PL
GAINESVILLE FL 32605

12B. TITLE ☐ DELETE

12C. NAME

12D. STREET ADDRESS

12E. CITY-ST-ZIP

12F. CITY-ST-ZIP

12G. CITY-ST-ZIP

12H. CITY-ST-ZIP

12I. CITY-ST-ZIP

12J. CITY-ST-ZIP

12K. CITY-ST-ZIP

12L. CITY-ST-ZIP

12M. CITY-ST-ZIP

12N. CITY-ST-ZIP

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12V. CITY-ST-ZIP

12W. CITY-ST-ZIP

12X. CITY-ST-ZIP

12Y. CITY-ST-ZIP

12Z. CITY-ST-ZIP

13.

13A. TITLE

13B. NAME

13C. STREET ADDRESS

13D. CITY-ST-ZIP

13E. CITY-ST-ZIP

13F. CITY-ST-ZIP

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13Z. CITY-ST-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Add

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***300.00 ***300.00

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☐ Change ☐ Add

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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 as an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND EXPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12/27/99