

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Martham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000069020 (2)

1. Corporation Name

FAMILY MEDICINE ASSOCIATES OF EAST ORLANDO, P.A.



| | | | |
|---|--|------------------|----------------------|
| Principal Place of Business 8521 BILLINGS HURST PLACE ORLANDO FL 32825 | Mailing Address 8521 BILLINGS HURST PLACE ORLANDO FL 32825 | | |
| 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 | | |
| City & State 23 | City & State 28 | | |
| Zip 24 | Country 25 | Zip 29 | Country 30 |
| 9. Name and Address of Current Registered Agent GENE E.B. HESS, CPA, P.A. 1305 E ROBINSON ST ORLANDO FL 32801 | | | |

| | |
|--|--------------------------------|
| 3. Date Incorporated or Qualified 09/07/1995 | 3a. Date of Last Report |
| 4. FEI Number 59-3338489 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation has liability for intangible tax under s. 199.032. Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| 10. Name and Address of New Registered Agent | |

| | | |
|----|--|-----------------------|
| 81 | Name | |
| 82 | Street Address (P.O. Box Number is Not Acceptable) | |
| 83 | | |
| 84 | City FL | Zip Code 85 |

11. Pursuant to the provisions of Sections 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 printed name of registered agent and title if applicable

Officer, Registered Agent, Signature required when checked

DATE

| | | | | |
|----------------------------|--|---------------------------------|---|--|
| 12. OFFICERS AND DIRECTORS | | 13. | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| TITLE | NAME P HUDSON, GEORGE D.O. 8521 BILLINGS HURST PLACE ORLANDO FL 32825 | <input type="checkbox"/> DELETE | 11. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | 12. NAME | |
| STREET ADDRESS | | | 13. STREET ADDRESS | |
| CITY-ST-ZIP | | | 14. CITY-ST-ZIP | |
| TITLE | NAME V MALLONEE, RONALD D.O. 2548 WOODGATE BLVD, #201 ORLANDO FL 32822 | <input type="checkbox"/> DELETE | 21. TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | 22. NAME | |
| STREET ADDRESS | | | 23. STREET ADDRESS | |
| CITY-ST-ZIP | | | 24. CITY-ST-ZIP | |
| TITLE | NAME ST CRUZ, HUMBERTO D.O. 12934 LOWER RIVER BLVD ORLANDO FL 32828 | <input type="checkbox"/> DELETE | 31. TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | 32. NAME | |
| STREET ADDRESS | | | 33. STREET ADDRESS | |
| CITY-ST-ZIP | | | 34. CITY-ST-ZIP | |
| TITLE | | <input type="checkbox"/> DELETE | 41. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | 42. NAME | |
| STREET ADDRESS | | | 43. STREET ADDRESS | |
| CITY-ST-ZIP | | | 44. CITY-ST-ZIP | |
| TITLE | | <input type="checkbox"/> DELETE | 51. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | 52. NAME | |
| STREET ADDRESS | | | 53. STREET ADDRESS | |
| CITY-ST-ZIP | | | 54. CITY-ST-ZIP | |
| TITLE | | <input type="checkbox"/> DELETE | 61. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | 62. NAME | |
| STREET ADDRESS | | | 63. STREET ADDRESS | |
| CITY-ST-ZIP | | | 64. CITY-ST-ZIP | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 on an attachment with an address.

SIGNATURE: George M. Hudson, D.O.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/5/96 (407) 277-0023

Date

Daytime Phone #

CR2E034 (12/95)