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Apr 16 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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 32825-8435	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	
3. Date Incorporated or Qualified 09/07/1995		3a. Date of Last Report 04/23/1996	
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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
9. Name and Address of Current Registered Agent GENE E.B. HESS, CPA, P.A. 1305 E ROBINSON ST ORLANDO FL 32801		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code	
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, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent's signature required when translating.) DATE			
12. OFFICERS AND DIRECTORS TITLE P NAME HUDSON, GEORGE D.O. STREET ADDRESS 8521 BILLINGS HURST PLACE CITY-ST-ZIP ORLANDO FL 32825 TITLE V NAME MALLONEE, RONALD D.O. STREET ADDRESS 12230 PICKET FENCE COURT CITY-ST-ZIP ORLANDO FL 32828 TITLE ST NAME CRUZ, HUMBERTO D.O. STREET ADDRESS 5934 BENT PINE DRIVE, BLDG. 9, SUITE 232 CITY-ST-ZIP ORLANDO FL 32822 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	



CR2E034 (9/96)

SIGNATURE:

GEORGE M. HUDSON, D.O. 4/12/97 (407)658-0100