

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

FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90011 009 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000069388

1. Corporation Name
CENTRAL FLORIDA FAMILY CARE, P.A.



Principal Place of Business 2319 ROCHELLE AVENUE KISSIMMEE FL 34746	Mailing Address 2319 ROCHELLE AVENUE KISSIMMEE FL 34746
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 4150 FOXWOOD BLVD Suite, Apt. #, etc.		2a. Mailing Address 26 P.O. Box 1420 Suite, Apt. #, etc.		3. Date Incorporated or Qualified 09/08/1995	
22 Wesley Chapel, FL City & State		27 Zephyrhills, FL City & State		4. FEI Number 59-3333348 Applied For <input type="checkbox"/> Not Applicable	
23 33543 PASCO Zip Country		28 33539 PASCO Zip Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 33549 25 PASCO		29 33539 30 PASCO		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent PEREZCASSAR, JOSE E 2319 ROCHELLE AVENUE KISSIMMEE FL 34746				8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent PEREZCASSAR, JOSE E 2319 ROCHELLE AVENUE KISSIMMEE FL 34746				10. Name and Address of New Registered Agent	
81 Name Perezcassar Jose E		82 Street Address (P.O. Box Number is Not Acceptable) 4150 FOXWOOD BLVD			
83 Wesley Chapel		84 City			
		85 FL		86 Zip Code 33543	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEREZCASSAR, JOSE E M.D.	1.2 NAME	
STREET ADDRESS	2319 ROCHELLE AVENUE	1.3 STREET ADDRESS	4150 FOXWOOD BLVD
CITY-ST-ZIP	KISSIMMEE FL 34746	1.4 CITY-ST-ZIP	Wesley Chapel, FL 33543
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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

SIGNATURE: *J. Perezcassar* 3/22/99 (813) 779-1581
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)