

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 12, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P95000070876**

1. Entity Name

FLORIDA AFFILIATED PHYSICIANS, INC.



Principal Place of Business

15320 AMBERLY DRIVE  
SUITE B  
TAMPA, FL 33647 US

Mailing Address

15320 AMBERLY DRIVE  
SUITE B  
TAMPA, FL 33647 US



01092006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

59-3337139

Applied For

Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

FRAZIER, DANIEL W.M.D.  
15320 AMBERLY DRIVE  
SUITE B  
TAMPA, FL 33647

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution... ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE P  
NAME FRAZIER, DANIEL W.M.D.  
STREET ADDRESS 15320 AMBERLY DRIVE SUITE B  
CITY-ST-ZIP TAMPA, FL 33647

TITLE D  
NAME WEISSMAN, MARK M.D.  
STREET ADDRESS 15320 AMBERLY DRIVE SUITE B  
CITY-ST-ZIP TAMPA, FL 33647

TITLE D  
NAME KOVALESKI, JEFFREY J  
STREET ADDRESS 15320 AMBERLY DRIVE SUITE B  
CITY-ST-ZIP TAMPA, FL 33647

TITLE D  
NAME LANE, WALTER M  
STREET ADDRESS 13301 N DALE MABRY HWY  
CITY-ST-ZIP TAMPA, FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JEFFREY J. KOVALESKI

Date

Daytime Phone #