

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 15, 2008 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



02112008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3337139	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**DO NOT WRITE
IN THIS SPACE**

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

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, 2008 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	

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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 (D) 2/14/08 (813) 615-2540

(Date)

Daytime Phone #