

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

FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90151 019 ***158.75

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000071293

1. Corporation Name

OHCG PARTNERS, INC.

Principal Place of Business

2301 LUCIEN WAY
SUITE 230
MAITLAND FL 32751

Mailing Address

2301 LUCIEN WAY
SUITE 230
MAITLAND FL 32751

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/14/1995

4. FEI Number

59-3371275

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution



\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.



Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip Country

29

30

9. Name and Address of Current Registered Agent

BOYLES, WILLIAM A
2301 LUCIEN WAY
SUITE 230
MAITLAND FL 32751

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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 title if applicable.

(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 type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOWENSTEIN, EDWARD H M.D.	1.2 NAME	
STREET ADDRESS	2301 LUCIEN WAY, SUITE 230	1.3 STREET ADDRESS	
CITY-ST-ZIP	MAITLAND FL 32751	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOWLES, ROBERT M.D.	2.2 NAME	
STREET ADDRESS	2301 LUCIEN WAY, SUITE 230	2.3 STREET ADDRESS	
CITY-ST-ZIP	MAITLAND FL 32751	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POPAT, VIPIN M.D.	3.2 NAME	
STREET ADDRESS	2301 LUCIEN WAY, SUITE 230	3.3 STREET ADDRESS	
CITY-ST-ZIP	MAITLAND FL 32751	3.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PINNELAS, IRA M	4.2 NAME	Pelteson, Howard, M.D.
STREET ADDRESS	2301 LUCIEN WAY, SUITE 230	4.3 STREET ADDRESS	2301 Lucien Way, Suite 230
CITY-ST-ZIP	MAITLAND FL 32751	4.4 CITY-ST-ZIP	Maitland, FL 32751
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALKER, ERIK M.D.	5.2 NAME	
STREET ADDRESS	2301 LUCIEN WAY, SUITE 230	5.3 STREET ADDRESS	
CITY-ST-ZIP	MAITLAND FL 32751	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:

EDWARD H. LOWENSTEIN, MD

1/14/99

407- 475-2725

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)