

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000071293

1. Entity Name

OHCG PARTNERS, INC.

FILED

Jan 27, 2000 8:00 am
Secretary of State

01-27-2000 90129 045 ***158.75

Principal Place of Business

Mailing Address

2301 LUCIEN WAY
SUITE 230
MAITLAND FL 32751

2301 LUCIEN WAY
SUITE 230
MAITLAND FL 32751-7032

NOV 10 2000

2. Principal Place of Business
55 Skyline Drive

3. Mailing Address
55 Skyline Drive

Suite, Apt. #, etc.
Suite 2900

Suite, Apt. #, etc.
Suite 2900

City & State
Lake Mary, FL

City & State
Lake Mary, FL

4. FEI Number
59-3371275

Applied For
Not Applicable

Zip
32746

Country
USA

Zip
32746

Country
USA

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name
William A. Boyles
Street Address (P.O. Box Number is Not Acceptable)
55 Skyline Drive
Suite 2900
City
Lake Mary FL Zip Code
32746

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.

SIGNATURE William A. Boyles

1/13/2000

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☒ Delete
NAME LOWENSTEIN, EDWARD H M.D.
STREET ADDRESS 2301 LUCIEN WAY, SUITE 230
CITY-ST-ZIP MAITLAND FL 32751

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME BOWLES, ROBERT M.D.
STREET ADDRESS 2301 LUCIEN WAY, SUITE 230
CITY-ST-ZIP MAITLAND FL 32751

TITLE D ☒ Change ☐ Addition
NAME Bowles, Robert, M.D.
STREET ADDRESS 55 Skyline Drive, Suite 2900
CITY-ST-ZIP Lake Mary, FL. 32746

TITLE D ☐ Delete
NAME POPAT, VIPIN M.D.
STREET ADDRESS 2301 LUCIEN WAY, SUITE 230
CITY-ST-ZIP MAITLAND FL 32751

TITLE D ☒ Change ☐ Addition
NAME Popat, Vipin, M.D.
STREET ADDRESS 55 Skyline Drive, Suite 2900
CITY-ST-ZIP Lake Mary, FL. 32746

TITLE D ☐ Delete
NAME PELTESON, HOWARD MD
STREET ADDRESS 2301 LUCIEN WAY, SUITE 230
CITY-ST-ZIP MAITLAND FL 32751

TITLE D ☒ Change ☐ Addition
NAME Pelteson, Howard, M.D.
STREET ADDRESS 55 Skyline Drive, Suite 2900
CITY-ST-ZIP Lake Mary, FL. 32746

TITLE D ☒ Delete
NAME WALKER, ERIK M.D.
STREET ADDRESS 2301 LUCIEN WAY, SUITE 230
CITY-ST-ZIP MAITLAND FL 32751

TITLE D ☐ Change ☒ Addition
NAME Bougoulis, Michael, M.D.
STREET ADDRESS 55 Skyline Drive, Suite 2900
CITY-ST-ZIP Lake Mary, FL. 32746

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Robert Bowles, M.D.

1/20/2000

407-804-5380

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)