May 10, 1999 8:00 am Secretary of State

05-10-1999 90079 009 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #	P95000086679
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COMMUNITY PHYSICIANS HEAL	TH PLAN, INC.) indicate for footh and footh arms	DANK BENEK PENER BANK BANK	
Principal Place of Business	Mailing Address			is ili isil i isil siili ilili i	
2828 CROASDAILE DRIVE ATTN: TAX DEPT DURHAM NC 27705 P.O. BOX 15309 DURHAM NC 27704		DO NOT WRITE IN THIS SPACE			
			Date Incorporated or Qualifed 11/13/1995		
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Ap	plied For
21	26		NOT APPLICABLE		t Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	See Re	
City & State	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added t	
Zip Country	Zip	Country	8. This corporation owes the curren		.01003
24 25	↓ ——		Personal Property Tax.	☐Yes	⊠ No
9. Name and Address of Cu	rrent Registered Agent		10. Name and Address of New Re	gistered Agent	
C T CORPORATION SYSTEM		81 Name			
1200 SOUTH PINE ISLAND ROAL)	82 Street Addr	ress (P.O. Box Number is Not Acceptable	e)	
PLANTATION FL 33324		83			
				log l z:	Code
		84 City		FL 85 Zip 9	Code
11. Pursuant to the provisions of Sections 607	.0502 and 607.1508, Florida Statute	es, the above-named corp	oration submits this statement for the pu on's board of directors. I hereby accept t	rpose of changing its the appointment as re	registered gistered
agent. I am familiar with, and accept the ol	bligations of, Section 607.0505, Flo	rida Statutes.	on a board of directors. The day appropri		
agent. I am familiar with, and accept the ot SIGNATURE	bligations of, Section 607.0505, Flo	rida Statutes.		DATE	
agent. I am familiar with, and accept the of SIGNATURE Signature, typed or printed name of registere	bligations of, Section 607.0505, Flo	rida Statutes. Registered Agent signature require		DATE	
agent. I am familiar with, and accept the ol SIGNATURE Signature, typed or printed name of registere	d agent and title if applicable. (NOTE	rida Statutes. Registered Agent signature require	od when reinstating)	DATE	
agent. I am familiar with, and accept the of SIGNATURE Signature, typed or printed name of registere 12. OFFICERS TITLE D NAME SCOTT, MD, STEVEN M	d agent and title if applicable. (NOTE S AND DIRECTORS	Registered Agent signature require	od when reinstating)	DATE CERS AND DIRECTO	DRS IN 12
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14. 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.

6.4 CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STEVEN M. SCOTT, M.D. 4/30/99

919-383-0355

Daytime Phone #