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CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

appears in Block 12 or Block 12 if

SIGNATURE:

P95000090865 (3) DOCUMENT # Corporation Name

PHYSICIANS STRATEGIC ALLIANCE OF ORLANDO, INC.

Principal Place of Business Mailing Address 825 GARLAND STREET 825 GARLAND STREET SUITE 201 SUITE 201 ORLANDO FL 32801 ORLANDO FL 32801 3. Date Incorporated or Qualified 3a. Date of Last Report 11/29/1995 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 59-3358011 21 26 Not Applicable Suite, Apt. #. etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation has liability for intangible tax under s. 199.032, 24 25 ☐ Yes ☐ No 29 Florida Statutes 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name AYLWARD, ROBERT E 62 Street Address (P.O. Box Number is Not Acceptable) 100 NORTH TAMPA STREET **SUITE 2425** 83 **TAMPA FL 33602** City 84 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE DA7E Signature, typed or printed name of registered agent as once it applicable (NOTE: Flog stared Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. President | Change
D. Jeffery Scipp
825 N. Garland Avenue, Ste 201 28 DELETE TITLE 1.1 TITLE A Jo-tion NAME 1.2 NAME CR2E034 STREET ADDRESS 1.3 STREET ADDRESS Orlando, Fr 10868 CITY-ST-ZIP 1.4 CITY - \$1-2IP TITLE DELETE 2 1 TITLE ☐ Change ncitibbA [NAME 22 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CHY-S1-ZIP DELETE. TITLE 3 1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3. STREET ADDRESS CITY - ST - ZIP 3.4 CHY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition NAME **4.2 NAME** STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP TITLE ["] DELETE Change 5 1 TITLE Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5 4 C(1Y - \$1 - Z(P DELETE TITLE 6.17006 Change Addition NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS** CITY-ST-ZIP 6 4 CITY - S1 - ZIP

14. Ido hereby certify that the information supplied with this firing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

D. Jeffery Supp 4/20/96 649-1778

or on an attachment with an address.

TO OR THINTED NAME OF SIGNING OFFICER OR DIRECTOR