Apr 19, 1999 8:00 am Secretary of State

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PROFIT CORPORATION ANNUĀL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000090865 1. Corporation Name

STREET ADDRESS CITY-ST-7IP

PHYSICIANS STRATEGIC ALLIANCE OF ORLANDO, INC.

Onionalizati Olasa	f Dusiness	Mailing Address			I INDICADI era iffen Eritt Offitt Offitt Offitt bered imme anner a	*********	
Principal Place	e of Business	-					
GNOMMAH 066	DR.	990 HAMMOND DR.					
STE. 300 STE. 300					DO NOT WRITE IN THIS SPACE		
ATLANTA GA 30328 ATLANTA GA 30328							
US		US			3. Date Incorporated or Qualifed		
}					11/29/1995		
2. Principal P	Place of Business	2a, Mailing Address			4. FEI Number Applied	For	
	EAST PAR STREET	26			59-3358011 Not App	licable	
Suite, Apt.	TAL SIECE	Suite, Apt, #, etc.			\$8.75 Addition		
- 4 -	#, etc.	⊢			5. Certificate of Status Desired Fee Require		
22 N/A	<u> </u>	27				——⊣	
City & Stat	_	City & State			6. Election Campaign Financing \$5.00 May		
23 ()RL	ando, Florida	28			Trust Fund Contribution Added to Fee	es	
Zip	Country	Zip	Count	у	8. This corporation owes the current year Intangible	-	
24 3280	94 25 11SA	29	30		Personal Property Tax. ☐ Yes ☐ N	o	
24 0 2 0 4	9. Name and Address of Curre	1 1	1		10. Name and Address of New Registered Agent	$\neg \neg$	
	9. Name and Address of Cure	in registered Agent	8	1 Name	10. 10.		
LIOI:	T CHAMIC		"	Name			
	T, SHAMUS		8	2 Street	Address (P.O. Box Number is Not Acceptable)		
3885	5 OAKWATER CIRCLE		1		, ,		
ORL	ANDO FL 32806		18	3			
			8	4 City	FL 85 Zip Code	1	
				_	· - 1 1 <u> 1 1</u>		
11, Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Statut	es, the abo	ve-named	corporation submits this statement for the purpose of changing its regis	tered	
office or i	registered agent, or both, in the State	e of Florida. Such change was a	uthorized b	v the corpo	pration's board of directors. I hereby accept the appointment as register	rea	
agent. I a	rm familiar with, and accept the oblig-	ations of, Section 607.0505, Flo	nua Sialuli	15.			
SIGNATURE						I	
JOINATURE					DATE	— (
	Signature, typed or printed name of registered ag			ent signature n	equired when reinstating) DATE	<u></u>	
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS I		
					ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS II	N 12 Addition	
12.	OFFICERS A	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS II		
12. TITLE NAME	P - D. JEFFREY SAPP	ND DIRECTORS	13. 1.1 TITLE 1.2 NAM		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS II		
12. TITLE NAME STREET ADDRESS	P - D. JEFFREY SAPP 303 E. PAR STREET	ND DIRECTORS	13. 1.1 TITLE 1.2 NAMI 1.3 STRE	ET ADDRESS	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN President Change X SARAH C. GARVEN SOFTE 300		
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	P - D. JEFFREY SAPP	ND DIRECTORS A DELETE	13. 1.1 TITLE 1.2 NAMI 1.3 STRE 1.4 CITY	ET ADDRESS	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN President C. GARVEN 990 HAMMOND DREVE, SUETE 300 ATTIONTAL GEORGET 30328	Addition	
12. TITLE NAME STREET ADDRESS	P - D. JEFFREY SAPP 303 E. PAR STREET	ND DIRECTORS	13. 1.1 TITLE 1.2 NAMI 1.3 STRE	ET ADDRESS	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS II PRESIDENT Change X SARAH C. GARVEN QQO HAMMOND DREVE SUETE 300 ATLANTA, GEORGIA 30328 VICE PRESEDENT SECRETARY Change X		
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	P - D. JEFFREY SAPP 303 E. PAR STREET	ND DIRECTORS A DELETE	13. 1.1 TITLE 1.2 NAMI 1.3 STRE 1.4 CITY	ET ADDRESS ST-ZIP	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS II PRESIDENT Change X SARAH C. GARVEN QQO HAMMOND DREVE SUETE 300 ATLANTA, GEORGIA 30328 VICE PRESEDENT SECRETARY Change X	Addition	
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12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	P - D. JEFFREY SAPP 303 E. PAR STREET ORLANDO FL 32804	ND DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAMI 1.3 STRE 1.4 CITY 2.1 TITLE 2.2 NAMI 2.3 STRE 2.4 CITY	ET ADDRESS ST-ZIP ET ADDRESS -ST-ZIP	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS II PRESIDENT Change X SARAH C. GARVEN QQO HAMMOND DREVE, SUETE 300 ATLANTA, GEORGEA 30328 VICE PRESIDENT I SECRETARY Change X THOMAS M. RODGERS, LR. QQO HAMMOND DREVE, SOLTE 360 ATLANTA, GEORGEA 30328	Addition Addition	
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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.

6.3 STREET ADDRESS

SIGNATURE: