

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

**FILED**  
**Apr 19, 1999 8:00 am**  
**Secretary of State**

04-19-1999 90001 049 \*\*\*150.00

**DOCUMENT # P95000090865**

1. Corporation Name

PHYSICIANS STRATEGIC ALLIANCE OF ORLANDO, INC.



Principal Place of Business

990 HAMMOND DR.  
STE. 300  
ATLANTA GA 30328  
US

Mailing Address

990 HAMMOND DR.  
STE. 300  
ATLANTA GA 30328  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/29/1995

4. FEI Number

59-3358011

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing ☐

**\$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 **303 EAST PAR STREET**

2a. Mailing Address

26 Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **N/A**

Suite, Apt. #, etc.

City & State

23 **ORLANDO, FLORIDA**

City & State

28

Zip Country

24 **32804**

25 **USA**

Zip Country

29

30

9. Name and Address of Current Registered Agent

HOLT, SHAMUS  
3885 OAKWATER CIRCLE  
ORLANDO FL 32806

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

TITLE **P** ☒ DELETE  
NAME **D. JEFFREY SAPP**  
STREET ADDRESS **303 E. PAR STREET**  
CITY-ST-ZIP **ORLANDO FL 32804**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **President** ☐ Change ☒ Addition  
1.2 NAME **SARAH C. GARVIN**  
1.3 STREET ADDRESS **990 HAMMOND DRIVE, SUITE 300**  
1.4 CITY-ST-ZIP **ATLANTA, GEORGIA 30328**

2.1 TITLE **VICE PRESIDENT & SECRETARY** ☐ Change ☒ Addition  
2.2 NAME **THOMAS M. RODGERS, JR.**  
2.3 STREET ADDRESS **990 HAMMOND DRIVE, SUITE 300**  
2.4 CITY-ST-ZIP **ATLANTA, GEORGIA 30328**

3.1 TITLE **GARY RASMUSSEN** ☐ Change ☒ Addition  
3.2 NAME **TREASURER & ASST SEC.**  
3.3 STREET ADDRESS **990 HAMMOND DRIVE, SUITE 300**  
3.4 CITY-ST-ZIP **ATLANTA, GEORGIA 30328**

4.1 TITLE **ASSISTANT SECRETARY** ☐ Change ☒ Addition  
4.2 NAME **DARCEE A. DUPREE, ESQ**  
4.3 STREET ADDRESS **990 HAMMOND DRIVE, SUITE 300**  
4.4 CITY-ST-ZIP **ATLANTA, GEORGIA 30328**

5.1 TITLE **DIRECTOR** ☐ Change ☒ Addition  
5.2 NAME **SARAH C. GARVIN**  
5.3 STREET ADDRESS **990 HAMMOND DRIVE, SUITE 300**  
5.4 CITY-ST-ZIP **ATLANTA, GEORGIA 30328**

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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: **Darcee A. Dupree** **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/10/99**  
Date

**770/225-1658**  
Daytime Phone #

CR2E034 (1/98)