FILED

1. Entity Name PHYSICIANS STRATEGIC ALLIANCE OF ORLANDO, INC.					Sep 15, 2000 8:00 am Secretary of State 09-15-2000 90050 001 *2,200.00			
Principal Place of Business 303 E PAR ST ORLANDO FL 32804 US		Mailing Address 990 HAMMOND DR. STE. 300 ATLANTA GA 30328 US			<u> </u>	2 U U .		1121 2 11 1 12 1
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State		City & State		4. F	El Number 59	-3358011		oplied For ot Applicable
Zip	Country	Zip	Country	5 . C	Certificate of Status	Desired	\$8.75 Add Fee Require	
	6. Name and Address of Current Re	egistered Agent		7. N	lame and Address	s of New Registered	Agent	
				Name				
CT CORPORATION SYSTEM C/O CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD.			Street Address (P.O. Box Number is Not Acceptable)					
PLAI	NTATION FL 33324		City			FI	Zip Cod	e
8. The above	named entity submits this statement for t	he purpose of changing its reg	istered office or	registered age	ent, or both, in the	State of Florida.		
SIGNATURE _	Signature, typed or printed name of registered agent and	title of applicable. (NOTE: Rec	gistered Agent signatur	re required when rei	instating)	DATE		 -
Tax filing requirement and elects to do so. After SEPTEM			EE IS \$550.0 000 Min. will b o Department	e \$750.00		mpaign Financing Contribution.		May Be d to Fees
11.	OFFICERS AND DI	RECTORS	12.	AD	DITIONS/CHANGI	ES TO OFFICERS AN	D DIRECTOR	S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Garvin, Sarah C 990 Hammond DR STE 300 Atlanta ga 30328	Delete	NAME STREET ADDRESS CITY-ST-ZIP	Preside C. Dan 990 H	ent/Dir and Rhoti anmon uta. GA	a Drive A 30328	Change Stc. 3	Addition (
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS RODGERS, THOMAS M JR 990 HAMMOND DR STE 300 ATLANTA GA 30328	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice R Refer 990 H	resident Wall		☐ Change	Maddition 30℃
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TAS RASMUSSEN, GARY 990 HAMMOND DR STE 300 ATLANTA GA 30328	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasi Anthon 990 Ho Atlan	in whi	tehead a Drive a 30321	□ Change	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS DEUPREE, DARCIE A ESQ 990 HAMMOND DR STE 300 ATLÂNTA GA 30328	O Delete	TITLE NAME STREET ADDRESS CITY-S1-ZIP	Mia.	tary H. Mat emmon uta, Gr	a Drive		· · · · · · · · · · · · · · · · · · ·
TITLE NAME STREET ADDRESS CITY-ST-ZIP	•	De/ete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	☐ Addition
13. I hereby c	ertify that the information supplied with the	nis filing does not qualify for the	exemption state	ed in Section	119.07(3)(i), Florida	a Statutes. I further co	ertify that the i	nformation

2000 UNIFORM BUSINESS REPORT (UBR)

POSOCOORS

indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as it 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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