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FILED
Apr 17 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P96000003368 (3)**

1. Corporation Name

**MEDICAL MANAGEMENT ASSOCIATES OF CENTRAL FLORIDA
, INC.**

Principal Place of Business

**2020 SE 17TH STREET
OCALA FL 34471**

Mailing Address

**2020 SE 17TH STREET
OCALA FL 34471-1118**

3. Date Incorporated or Qualified

01/04/1986

3a. Date of Last Report

Initial

2. Principal Place of Business

21 2020 S.E. 17th Street

2a. Mailing Address

26 2020 S.E. 17th Street

4. FEI Number

59-3356334

Applied For

☐ Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

City & State

23 Ocala, FL

City & State

28 Ocala, FL

6. Election Campaign Financing

Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

Zip

24 34471

Country

25 U.S.A.

Zip

29 34471

Country

30 U.S.A.

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**PADGETT, GLENN R
555 WEST GRANADA BLVD
SUITE D-11
ORMOND BEACH FL 32174**

10. Name and Address of New Registered Agent

81 Name

Michael P. Hill

82 Street Address (P.O. Box Number is Not Acceptable)

2020 S.E. 17th Street

83

84 City

Ocala

FL

85 Zip Code
34471

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

Michael P. Hill

(NOTE: Registered Agent signature required when reinstating)

4/11/97

DATE

12. OFFICERS AND DIRECTORS

TITLE **P/D/M** ☐ DELETE
NAME **Anderson, Norman H., M.D.**
STREET ADDRESS **2020 S.E. 17th Street**
CITY-ST-ZIP **Ocala, FL 34471**

TITLE **V/D** ☐ DELETE
NAME **Putzeys, Roberto, M.D.**
STREET ADDRESS **2020 S.E. 17th Street**
CITY-ST-ZIP **Ocala, FL 34471**

TITLE **V/D** ☐ DELETE
NAME **Bucy, G. Steven, M.D.**
STREET ADDRESS **2020 S.E. 17th Street**
CITY-ST-ZIP **Ocala, FL 34471**

TITLE **V/D** ☐ DELETE
NAME **Brant, Timothy A., M.D.**
STREET ADDRESS **2020 S.E. 17th Street**
CITY-ST-ZIP **Ocala, FL 34471**

TITLE **S/T** ☐ DELETE
NAME **Hill, Michael P.**
STREET ADDRESS **2020 S.E. 17th Street**
CITY-ST-ZIP **Ocala, FL 34471**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE:

Michael P. Hill

Michael P. Hill

3/20/97 (352) 732-0509

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0437812

CR2E034 (9/96)