

MAY 1ST IS \$550.00

FILED

Feb 18, 1999 8:00am
Secretary of State

02-18-1999 90052 014 ***150.00

1999 Profit Corp.
Annual Report

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000003368

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/04/1996

4. FEI Number

59-3356334

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HILL, MICHAEL P
2020 SE 17 ST
OCALA FL 34471

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 PDM ☐ DELETE

NAME ANDERSON, NORMAN H MD
STREET ADDRESS 2020 SE 17 ST
CITY-ST-ZIP Ocala FL 34471

TITLE VD ☐ DELETE

NAME PUTZEYS, ROBERTO MD
STREET ADDRESS 2020 SE 17 ST
CITY-ST-ZIP Ocala FL 34471

TITLE VD ☐ DELETE

NAME BUCY, G. STEVEN MD
STREET ADDRESS 2020 SE 17TH STREET
CITY-ST-ZIP Ocala FL 34471

TITLE VD ☐ DELETE

NAME BRANT, TIMOTHY A MD
STREET ADDRESS 2020 SE 17 ST
CITY-ST-ZIP Ocala FL 34471

TITLE ST ☐ DELETE

NAME HILL, MICHAEL P
STREET ADDRESS 2020 SE 17 ST
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)