

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Sep 08 1997 8:00am
Secretary of State

DOCUMENT # P96000007208 (7)

1. Corporation Name

UNITED PHYSICIANS OF CENTRAL FLORIDA, INC.



Principal Place of Business
600 NORTH BOULEVARD WEST
LEESBURG FL

Mailing Address
600 NORTH BOULEVARD WEST
LEESBURG FL

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 01/23/1996
3a. Date of Last Report

2. Principal Place of Business
21 600 North Blvd. West
Suite, Apt. #, etc. Suite C
22 City & State Leesburg, FL
23 Zip 34748 Country Lake
24 25 26 27 28 29 30

4. FEI Number 59-3366701
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 or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
A.G.C. CO.
200 SOUTH ORANGE AVENUE
2300 SUN TRUST CENTER
ORLANDO FL 32802

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 *John Cowin*
Signature typed or printed name of registered agent and title if applicable.

JOHN COWIN, M.D.

8/29/97

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS
TITLE D
NAME COWIN, JOHN A M.D.
STREET ADDRESS 600 NORTH BOULEVARD WEST
CITY-ST-ZIP LEESBURG FL 34748
TITLE D
NAME HUNTT, H. ANDREW M.D.
STREET ADDRESS 600 NORTH BOULEVARD WEST
CITY-ST-ZIP LEESBURG FL 34748
TITLE D
NAME HAWK, STEVEN E M.D.
STREET ADDRESS 701 N. PALMETTO STREET
CITY-ST-ZIP LEESBURG FL 34748
TITLE D
NAME PUGLIA, JACQUELYN E M.D.
STREET ADDRESS 110 E. NORTH BLVD.
CITY-ST-ZIP LEESBURG FL 34748
TITLE D
NAME SANDERS, THOMAS J M.D.
STREET ADDRESS 616 N. PALMETTO STREET
CITY-ST-ZIP LEESBURG FL 34748
TITLE D
NAME ISMAIL, AKRAM M.D.
STREET ADDRESS 1218 W. DIXIE AVENUE
CITY-ST-ZIP LEESBURG FL 34748

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE
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 *John Cowin* REQUIRED JOHN COWIN, M.D. 8/29/97

CP2E034 (4/97)