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

DOCUMENT # P9600007208 (7)

UNITED PHYSICIANS OF CENTRAL FLORIDA, INC.

Principal	Place	of Business
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Mailing Address

FILED Sep 08 1997 8:00am Secretary of State



Suite, Apt. 1, etc. 27 SCL1 27 SCL	600 NORTH BOULEVARD WEST 600 NORTH BOULEVARD WES LEESBURG FL		ST	DO NOT WRITE IN THIS SPACE					
2. Principal Place of Business 2. Multing Address 2. Multing Addre					3. Date Incorporated or Qualified		Report		
Suite, Api, etc. Suite, Api, etc. Suite, Api,	2. Principal Pl	ace of Business	2a. Mailing Address	. 1	4. FEI Number	A	pplied For		
22 Suit 22 Suit 22 Suit 23 Suit 24 Suit Sui	27 600 North Blud. West28 600 North B			lud West	59-3366/01	N	ot Appl cable		
25 County 25 County 27 County 28 County 29 County	Suite, Apt. #, etc. Suite, Apt. #, etc.					MU.			
Section Process Personal Property Tax due June 30. Yes No	City & State			@ TL	Trust Fund Contribution	Added	to Fees		
A.G.C. CO. 200 SOUTH ORANGE AVENUE 200 SUIT TRUST CENTER ORLANDO FL 32802 11. Pursuant to the provisions of Sections 607 (502 and 607 1508, Florida Statufos, the deal of City 11. Pursuant to the provisions of Sections 607 (502 and 607 1508, Florida Statufos, the deal of City 11. Pursuant to the provisions of Sections 607 (502 and 607 1508, Florida Statufos, the deal of City 12.	24 347	148 25 Cake	29 34748 30	7 / A / A	Personal Property Tax due June	30. 🔲 Yes 🚶			
ASIGN CUT. 200 SOUTH ORANGE AVENUE 2300 SUNT RUST CENTER ORLANDO FL 32802 4 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 agent. In the State of Florida, Such change was authorized by the corporation submits this statement for the purpose of changing its registered agent. In the State of Florida, Such change was authorized by the corporation submits this statement for the purpose of changing its registered agent. In affirming with, and affired a floridation of Vision for Statutes. SIGNATURE 12.			Registered Agent	94 Name	10. Name and Address of New Re	gistered Agent			
2300 SUN TRUST CENTER ORLANDO FL 32802 B3 CITY Provent to the provisions of Sections 607 0502 and 607 1508. Fiolds Statutes, the above-named compression submits this statement for the purpose of changing its registered office or registered gignt, or both, in the State of Florids, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered clines or registered gignt, or both, in the State of Florids, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered of the collegations of Socion 607 0505. Fronds Statutes. SIGNATURE SIGNATURE 12.				61 Name	81 Name				
ORLANDO FL 32802 Set City FL St Zip Code				82 Street Ad	Street Address (P.O. Box Number is Not Acceptable)				
T. 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 deport, or both, in the State of Florida. Such change was surfnotized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Florida. Such change was surfnotized by the corporation's board of directors. I hereby accept the appointment as registered agent and state in the provision 607.0505, Florida Statutes. SIGNATURE JOHN COWIN, M.D. STREAT JOHN COWIN, M.D. 12. OFFICERS AND DIRECTORS IN 12 TITLE D				83					
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 registred 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 registred agent, or both, and along the obligations of Sociotic 607.055. Florida Stateties. Signature							,		
SIGNATURE Sign	The state of the s								
12	SIGNATURE	Dord Alleman	JOH	N COWIN, M.	D.	8/29/97			
TITLE							RS IN 12		
Time	· · · · · · · · · · · · · · · · · · ·				ADDITIONS/OTAINGLE TO OTTE				
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CITY-ST-ZIP LEESBURG FL 34748 64 CITY-ST-ZIP				64 CITY-SY-ZIP					

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.

SAN MOEDENHID

ATD: 6011731 34 1

9/20/07