

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED
Apr 01 1998 8:00am
Secretary of State

DOCUMENT # P96000007208 (7)

1. Corporation Name

UNITED PHYSICIANS OF CENTRAL FLORIDA, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 600 NORTH BOULEVARD WEST SUITE C LEESBURG FL 34748 US		Mailing Address 600 NORTH BOULEVARD WEST SUITE C LEESBURG FL 34748 US	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	
3. Date Incorporated or Qualified 01/23/1996		4. FEI Number 59-3366701	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> 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 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D COWIN, JOHN A M.D.	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	600 NORTH BOULEVARD WEST	1.2 NAME	
STREET ADDRESS	LEESBURG FL 34748	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	D HUNT, H. ANDREW M.D.	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	600 NORTH BOULEVARD WEST	2.2 NAME	
STREET ADDRESS	LEESBURG FL 34748	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	D HAWK, STEVEN E M.D.	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	701 N. PALMETTO STREET	3.2 NAME	
STREET ADDRESS	LEESBURG FL 34748	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	D PUGLIA, JACQUELYN E M.D.	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	110 E. NORTH BLVD.	4.2 NAME	
STREET ADDRESS	LEESBURG FL 34748	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	D SANDERS, THOMAS J M.D.	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	816 N. PALMETTO STREET	5.2 NAME	
STREET ADDRESS	LEESBURG FL 34748	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	D ISMAIL, AKRAM M.D.	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1218 W. DIXIE AVENUE	6.2 NAME	
STREET ADDRESS	LEESBURG FL 34748	6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE:

[Signature] 03/24/98 0352) 323-8868

CR2E034 (10/97)