

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

FILED  
Apr 27, 1999 8:00 am  
Secretary of State

04-27-1999 90022 037 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # P96000007208

1. Corporation Name

UNITED PHYSICIANS OF CENTRAL FLORIDA, INC.



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~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/23/1996

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 the current year intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29

30

US

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

A.G.C. CO.  
200 SOUTH ORANGE AVENUE  
2300 SUN TRUST CENTER  
ORLANDO FL 32802

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 607.0501 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

(NO: E: Registered Agent signature required when reinstating

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D  
NAME COWIN, JOHN A M.D.  
STREET ADDRESS 600 NORTH BOULEVARD WEST  
CITY-ST-ZIP LEESBURG FL 34748 ☐ DELETE

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

☐ Change ☐ Addition

TITLE D  
NAME HUNTT, H. ANDREW M.D.  
STREET ADDRESS 600 NORTH BOULEVARD WEST  
CITY-ST-ZIP LEESBURG FL 34748 ☒ DELETE

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

☐ Change ☒ Addition

TITLE D  
NAME HAWK, STEVEN E M.D.  
STREET ADDRESS 701 N. PALMETTO STREET  
CITY-ST-ZIP LEESBURG FL 34748 ☐ DELETE

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

☐ Change ☐ Addition

TITLE D  
NAME PUGLIA, JACQUELYN E M.D.  
STREET ADDRESS 110 E. NORTH BLVD.  
CITY-ST-ZIP LEESBURG FL 34748 ☐ DELETE

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

☐ Change ☐ Addition

TITLE D  
NAME SANDERS, THOMAS J M.D.  
STREET ADDRESS 616 N. PALMETTO STREET  
CITY-ST-ZIP LEESBURG FL 34748 ☒ DELETE

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

☐ Change ☒ Addition

TITLE D  
NAME ISMAIL, AKRAM MD  
STREET ADDRESS 8110 CR 44 LEG A  
CITY-ST-ZIP LEESBURG FL 34788 ☐ DELETE

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

☐ Change ☐ Addition

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.

David Sustarsic, M.D.

SIGNATURE: *David Sustarsic*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/99

Date

Daytime Phone #

CR2E034 (11/98)