

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 25, 2002 8:00 am
Secretary of State

02-25-2002 90036 049 ***150.00

DOCUMENT # P96000007208

1. Entity Name UNITED PHYSICIANS OF CENTRAL FLORIDA, INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 600 North Boulevard West

3. Mailing Address 200 S. Orange Avenue

Suite, Apt. #, etc.
Suite C

Suite, Apt. #, etc.
Suite 2300

City & State
Leesburg, FL

City & State
Orlando, FL

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3366701

Applied For
Not Applicable

Zip
34748

Country
USA

Zip
32902

Country
ISA

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **A.G.C. Co.**

Street Address (P.O. Box Number is Not Acceptable)
**200 S. Orange Ave.
Suite 2300**

City **Orlando** **FL** Zip Code **32802**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐
(See criteria on back)

**January 1 - May 1 Fee is \$150.00
After May 1 Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Cowin, John, M.D. 600 N. Boulevard West Leesburg, FL 34748
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Sustarsic, David, M.D. 601 E. Dixie Ave., Plaza 801 Leesburg, FL 34748
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Hawk, Steven E., M.D. 701 N. Palmetto Street Leesburg, FL 34748
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Puglia, Jacquelyn E., M.D. 110 E. North Blvd. Leesburg, FL 34748
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Wheeler, Russ 913 North Blvd., East, Ste. B Leesburg, FL 34748
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Ismail, Akram, M.D., 8110 CR 44 Leesburg, FL 34788

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13. 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 report or supplemental 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 11 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 #

CR2E034B (12/01)