

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT

1999



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

DOCUMENT # **P96000027638**
Corporation Name
CENTRAL FLORIDA MEDICAL SPECIALISTS, P.A.

FILED
Sep 08, 1999 8:00 am
Secretary of State

09-08-1999 90007 021 ***550.00



Principal Place of Business
**NW 3RD ST
OCALA FL 34475-6695**

Mailing Address
**121 NW 3RD ST
OCALA FL 34475-6695**

DO NOT WRITE IN THIS SPACE

Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/25/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 59-3375484	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Country		Country		8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
SIMONS, GARY C 121 NW 3RD ST OCALA FL 34475-6695				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City FL 85 Zip Code	

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		(NOTE: Registered Agent signature required when reinstating)		DATE	
Signature, typed or printed name of registered agent and title if applicable.					
OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1. NAME D MANORANJAN, SINGH P 2. ADDRESS 150 SE 17TH ST SUITE 702 3. CITY-STATE-ZIP OCALA FL 34471		1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-STATE-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> DELETE		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-STATE-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> DELETE		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-STATE-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> DELETE		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-STATE-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> DELETE		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-STATE-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> DELETE		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-STATE-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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:

8-25-99

CR2E034 (5/99)