

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED  
Mar 21 1997 8:00am  
Secretary of State

DOCUMENT # **P96000055742 (6)**

1. Corporation Name

**PHYSICIAN PARTNERS NETWORK, P.A.**



Principal Place of Business

**675 HARVARD STREET  
BROOKSVILLE FL 34601**

Mailing Address

**675 HARVARD STREET  
BROOKSVILLE FL 34601-2823**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

g. Name and Address of Current Registered Agent

**CUMMINGS, JAMES R M.D.  
675 HARVARD STREET  
BROOKSVILLE FL 34601**

3. Date Incorporated or Qualified

**07/01/1996**

3a. Date of Last Report

4. FEI Number

**59-3390677**

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 has liability for intangible tax under s. 199.032,  
Florida Statutes

☒ Yes ☐ No

10. Name and Address of New Registered Agent

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 607.0502 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 type in public name of registered agent if not applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	CUMMINGS, JAMES R M.D.	
STREET ADDRESS	675 HARVARD STREET	
CITY-ST-ZIP	BROOKSVILLE FL 34601	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WILSON, GARY E M.D.	
STREET ADDRESS	11373 CORTEZ BOULEVARD	
CITY-ST-ZIP	BROOKSVILLE FL 34613	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MAHMALJY, GHIATH M.D.	
STREET ADDRESS	11373 CORTEZ BOULEVARD	
CITY-ST-ZIP	BROOKSVILLE FL 34613	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GLICKSMAN, HOWARD M.D.	
STREET ADDRESS	11373 CORTEZ BOULEVARD	
CITY-ST-ZIP	BROOKSVILLE FL 34613	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

14. 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 included 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 or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**James R. Cummings, MD** 2/14/97 796-9990

Date

Daytime Phone #

0442669

CR2E034 (9/96)