

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000055742

1. Entity Name

PHYSICIAN PARTNERS NETWORK, P.A.

**FILED**  
**Jul 20, 2000 8:00 am**  
**Secretary of State**

07-20-2000 90018 019 \*\*\*550.00

Principal Place of Business

675 HARVARD STREET  
 BROOKSVILLE FL 34601

Mailing Address

675 HARVARD STREET  
 BROOKSVILLE FL 34601

2. Principal Place of Business

605 Lamar Ave.

3. Mailing Address

633 Ward Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Brooksville, FL

City & State

Brooksville, FL

Zip

34601

Country

Hernando

Zip

34601

Country

Hernando

4. FEI Number

59-3390677

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
 Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

605 Lamar Ave.

City

Brooksville

FL

Zip Code

34601

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)

☒

**FILE NOW!!! FEE IS \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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 D ☐ Delete  
 NAME CUMMINGS, JAMES R M.D.  
 STREET ADDRESS 675 HARVARD STREET  
 CITY-ST-ZIP BROOKSVILLE FL 34601

TITLE D ☐ Delete  
 NAME WILSON, GARY E M.D.  
 STREET ADDRESS 11373 CORTEZ BLVD STE 300  
 CITY-ST-ZIP BROOKSVILLE FL 34613

TITLE D ☐ Delete  
 NAME MAHMALJY, GHIATH M.D.  
 STREET ADDRESS 11373 CORTEZ BLVD STE 304  
 CITY-ST-ZIP BROOKSVILLE FL 34613

TITLE D ☐ Delete  
 NAME GLICKSMAN, HOWARD M.D.  
 STREET ADDRESS 11373 CORTEZ BLVD STE 302  
 CITY-ST-ZIP BROOKSVILLE FL 34613

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS 605 Lamar Ave.  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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 Block 12 if changed, or on an attachment with all addresses, with all other like employment.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-13-00 352-796-9440

Date

Daytime Phone #