

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2002 8:00 am
Secretary of State

04-23-2002 90416 025 ***150.00

DOCUMENT # P96000055742

1. Entity Name

PHYSICIAN PARTNERS NETWORK, P.A.

Principal Place of Business

**605 LAMAR AVE
 BROOKSVILLE FL 34601**

Mailing Address

**633 WARD AVE
 BROOKSVILLE FL 34601**

2. Principal Place of Business

3. Mailing Address

605 LAMAR Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

BROOKSVILLE, FL.

4. FEI Number

59-3390677

Applied For

Not Applicable

Zip

Country

Zip

Country

34601

HERNANDO

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CUMMINGS, JAMES R M.D.

**605 LAMAR AVE
 BROOKSVILLE FL 34601**

Name

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

City

FL

Zip Code

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 \$150.00
After May 1, 2002 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **CUMMINGS, JAMES R M.D.**
 CITY-ST-ZIP **605 LAMAR AVE
 BROOKSVILLE FL 34601**

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

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

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

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

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

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

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 an address, with all other like empowered.

SIGNATURE:

James Cummings 4-11-02 352-799-5411

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)