


FILED
Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90092 050 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P96000070365 1. Corporation Name PHYSICIANS ALLIANCE OF CENTRAL FLORIDA, INC.					
Principal Place of Business 106 BOSTON AVENUE, SUITE 103 ALTAMONTE SPRINGS FL 32701			Mailing Address 106 BOSTON AVENUE, SUITE 103 ALTAMONTE SPRINGS FL 32701		
2. Principal Place of Business 21 106 BOSTON AVE Suite, Apt. #, etc. 22 103 City & State 23 ALTAMONTE SPRS. Zip 24 FL 32701 Country 25 SEMINOLE					
2a. Mailing Address 26 106 BOSTON AVE Suite, Apt. #, etc. 27 103 City & State 28 ALTAMONTE SPRS. Zip 29 FL 32701 Country 30 SEMINOLE					
3. Date Incorporated or Qualified 08/23/1996					
4. FEI Number 59-3400372					
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees					
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No					
9. Name and Address of Current Registered Agent B & C CORPORATE SERVICES OF CEN. FLA, INC. 390 N. ORANGE AVENUE SUITE 1100 ORLANDO FL 32801					
10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code					
11. Pursuant to the provisions of Sections 607.0507 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 _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable. (NOT E: Registered Agent signature required when reappointing)					
12. OFFICERS AND DIRECTORS					
TITLE P <input type="checkbox"/> DELETE NAME HUAMAN, GONZALO M.D. STREET ADDRESS 1403 MEDICAL PLAZA DRIVE, SUITE 101 CITY-ST-ZIP SANFORD FL 32771					
TITLE VP <input type="checkbox"/> DELETE NAME WOODS, ABRAHAM L III MD STREET ADDRESS 106 BOSTON AVENUE, SUITE 103 CITY-ST-ZIP ALTAMONTE SPRINGS FL 32701					
TITLE ST <input type="checkbox"/> DELETE NAME ARCIOLA, ANTHONY J M.D. STREET ADDRESS 4106 W. LAKE MARY BLVD., SUITE 115 CITY-ST-ZIP LAKE MARY FL 32746					
TITLE <input type="checkbox"/> DELETE NAME HILWA, NABIL MD. STREET ADDRESS 6388 SILVER STAR RD # 2A CITY-ST-ZIP ORLANDO FL 32818					
TITLE <input type="checkbox"/> DELETE NAME BURNETT TRACY STREET ADDRESS 106 BOSTON AVE # 103 CITY-ST-ZIP ALTAMONTE SPRS FL 32701					
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP TREASURER					
2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP PRESIDENT					
3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP VICE PRESIDENT					
4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP SECRETARY					
5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP MEMBER AT LARGE					
6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP					

14. 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, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)