

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED
Aug 26 1998 8:00am
Secretary of State

DOCUMENT # **P97000071200 (4)**

1. Corporation Name

CELEBRATION HEALTH MEDICAL GROUP, INC.



Principal Place of Business

**400 CELEBRATION PLACE
CELEBRATION FL 34747**

Mailing Address

**400 CELEBRATION PLACE
CELEBRATION FL 34747**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/15/1997

4. FEI Number

59-3461833

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

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25

29

30

9. Name and Address of Current Registered Agent

**TRIMBLE, T L
111 N ORLANDO AVE
WINTER PARK FL 32789**

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **LARS HOUMANN**
STREET ADDRESS **400 Celebration Health**
CITY-ST-ZIP **Celebration, Fl. 34747**

TITLE ☐ DELETE

NAME **HANK SPENCER**
STREET ADDRESS **400 Celebration Health**
CITY-ST-ZIP **Celebration, Fl. 34747**

TITLE ☐ DELETE

NAME **LARS HOUMANN**
STREET ADDRESS **601 E. Altamonte Dr.**
CITY-ST-ZIP **Altamonte Springs, Fl. 32701**

TITLE ☐ DELETE

NAME **RICHARD REINER**
STREET ADDRESS **2400 Bedford Road**
CITY-ST-ZIP **Orlando, Fl. 32803**

TITLE ☐ DELETE

NAME **TERRY SHAW**
STREET ADDRESS **601 E. Rollins St.**
CITY-ST-ZIP **Orlando, Fl. 32803**

TITLE ☐ DELETE

NAME **JEFFREY LEHMAN, M.D.**
STREET ADDRESS **201 N. Lakemont Ave.**
CITY-ST-ZIP **Winter Park, Fl. 32792**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

NAME **MARK LUIKART**
STREET ADDRESS **1181 Orange Avenue**
CITY-ST-ZIP **Winter Park, Fl. 32789**

2.1 TITLE ☐ Change ☒ Addition

NAME **ALAN PRATT, M.D.**
STREET ADDRESS **610 Oak Commons Blvd.**
CITY-ST-ZIP **Kissimmee, Fl. 34741**

3.1 TITLE ☐ Change ☒ Addition

NAME **JACK GILLIS**
STREET ADDRESS **3514 Oletha Drive**
CITY-ST-ZIP **Apopka, Fl. 32703**

4.1 TITLE ☐ Change ☒ Addition

NAME **LOU RUTHERFORD**
STREET ADDRESS **390 N. Orange Avenue, Suite 1900**
CITY-ST-ZIP **Orlando, Fl. 32853-8065**

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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.

SIGNATURE

Lars Houmann

CR2E034 (5/98)