

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90287 022 ***150.00

DOCUMENT # P97000071200

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 the current year intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

29 Zip Country

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 D ☒ DELETE

NAME LUIKART, MARK
STREET ADDRESS 1181 ORANGE AVE
CITY-ST-ZIP WINTER PARK FL 32789

TITLE D ☐ DELETE

NAME PRATT, ALAN M
STREET ADDRESS 610 OAK COMMONS BLVD
CITY-ST-ZIP KISSIMMEE FL 34741

TITLE D ☐ DELETE

NAME GILLIS, JACK
STREET ADDRESS 3514 OLETHA DR
CITY-ST-ZIP APOPKA FL 32703

TITLE D ☐ DELETE

NAME RUTHERFORD, LOU
STREET ADDRESS 390 N ORANGE AVE, STE 1900
CITY-ST-ZIP ORLANDO FL 32853-8065

TITLE D ☐ DELETE

NAME HOUMANN, LARS
STREET ADDRESS 601 E ALTAMONTE DR
CITY-ST-ZIP ALTAMONTE SPGS FL 32701

TITLE D ☐ DELETE

NAME REINER, RICHARD
STREET ADDRESS 2400 BEDFORD RD
CITY-ST-ZIP ORLANDO FL 32803

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☐ Change ☒ Addition

1.2 NAME Robert Hoover
1.3 STREET ADDRESS 661 E. Altamonte Dr. Suite 210
1.4 CITY-ST-ZIP Altamonte Springs, FL 32701

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS 400 Celebration Place
5.4 CITY-ST-ZIP Celebration, FL 34747

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/99

Date

407-303-4451

Daytime Phone #

CR2E034 (11/98)