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FILED

Jun 18 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P97000080121 (1)

1. Corporation Name

CENTRAL FLORIDA PHYSICIANS NETWORK, INC.

Principal Place of Business

Mailing Address

500 EAST CENTRAL AVENUE
WINTER HAVEN FL 33880

500 EAST CENTRAL AVENUE
WINTER HAVEN FL 33880

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/15/1997

4. FEI Number

59-3515394

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

24

25

29

30

9. Name and Address of Current Registered Agent

BOWMAN, N D
500 EAST CENTRAL AVENUE
WINTER HAVEN FL 33880

81 Name

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

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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 BOWMAN, N D
STREET ADDRESS 500 EAST CENTRAL AVENUE
CITY-ST-ZIP WINTER HAVEN FL 33880

TITLE D ☒ DELETE
NAME HART, SHARON
STREET ADDRESS 635 1ST STREET NORTH
CITY-ST-ZIP WINTER HAVEN FL 33880

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☒ Change ☐ Addition
1.2 NAME Vincent G. Carifi, M.D.
1.3 STREET ADDRESS 500 East Central Avenue
1.4 CITY-ST-ZIP Winter Haven, Florida 33880

2.1 TITLE D ☒ Change ☐ Addition
2.2 NAME Joseph A. Bergnes, Jr., M.D.
2.3 STREET ADDRESS 635 1st Street North
2.4 CITY-ST-ZIP Winter Haven, Florida 33880

3.1 TITLE D ☐ Change ☒ Addition
3.2 NAME Charles C. Inman, M.D.
3.3 STREET ADDRESS 500 East Central Avenue
3.4 CITY-ST-ZIP Winter Haven, Florida 33880

4.1 TITLE D ☐ Change ☒ Addition
4.2 NAME John J. McGetrick, M.D.
4.3 STREET ADDRESS 635 1st Street North
4.4 CITY-ST-ZIP Winter Haven, Florida 33880

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. 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:

N David Bowman

N David Bowman President

2/27/98

941-253-1191

CR2E034 (10/97)