

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000080121

FILED
Jul 14, 2004
Secretary of State

Entity Name: CENTRAL FLORIDA PHYSICIANS NETWORK, INC.

Current Principal Place of Business:

500 EAST CENTRAL AVENUE
WINTER HAVEN, FL 33880

New Principal Place of Business:

Current Mailing Address:

500 EAST CENTRAL AVENUE
WINTER HAVEN, FL 33880

New Mailing Address:

FEI Number: 59-3515394

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CARIFI, VINCENT G MD
500 EAST CENTRAL AVENUE
WINTER HAVEN, FL 33880 US

Name and Address of New Registered Agent:

WILLARD, III, EDGAR MD
500 EAST CENTRAL AVENUE
WINTER HAVEN, FL 33880 US

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: EDGAR WILLARD, III

07/14/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CARIFI, VINCENT G MD
Address: 500 EAST CENTRAL AVENUE
City-St-Zip: WINTER HAVEN, FL 33880

Title: D () Delete
Name: BERGNES, JOSEPH A M.D.
Address: 635 1ST STREET NORTH
City-St-Zip: WINTER HAVEN, FL 33880

Title: D () Delete
Name: INMAN, CHARLES C MD
Address: 500 EAST CENTRAL AVENUE
City-St-Zip: WINTER HAVEN, FL 33880

Title: D () Delete
Name: MCGETRICK, JOHN J MD
Address: 635 FIRST ST. NORTH
City-St-Zip: WINTER HAVEN, FL 33880

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: WILLARD, III, EDGAR MD
Address: 500 EAST CENTRAL AVENUE
City-St-Zip: WINTER HAVEN, FL 33880

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EDGAR WILLARD, III

D

07/14/2004

Electronic Signature of Signing Officer or Director

Date