PROFIT CORPORATION ANNUAL REPORT

1. Corporation Name



## FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State VISION OF CORPORATIONS

## May 10, 1999 8:00 am Secretary of State

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WINTER	PARK EMERGENCY PHYS	SICIANS, P.A.					
Principal Plac	es of Business	Mailing Address				i <b>ab</b> iri <b>abibi b</b> irra 1140) il	D\$1   D18 0+ 11 D1   Q 01
1731 SANTA M	IARIA PLACE	1731 SANTA MARIA PLACE			ł		
ORLANDO FL		ORLANDO FL 32806			DO NOT WRITE	E IN THIS SPACE	
					3. Date Incorporated or Qualified		
)					06/10/1998		
2. Principal P	Mace of Business	2a. Mailing Address			4. FEI Number		Applied For
21		26	_			X	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	1	5 Additional Required
City & Stat	le	City & State			6. Election Campaign Financing	\$5.0	O May Be
23		28			Trust Fund Contribution	Adde	ed to Fees
ZIp	Country	Zip	Country	/	8. This corporation owes the current	nt year intangible	
24	25	29	30		Personal Property Tax.	Yes	□No
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Re	gistered Agent	
500	CORRORATE OFFICE OF O	TANTON CL. INC	81	Name			
	CORPORATE SERVICES OF CI N. ORANGE AVE., SUITE 1100	entral FL., Inc	82	Street	Address (P.O. Box Number is Not Acceptab	ile)	
ORL	ANDO FL 32801		83	<b>,</b>			
ı			84	City		FI 85 Z	ip Code
Ad Discoulant	to the provisions of Sections 607 050	02 and 607 1508 Florida Statute	ar the abov	o-named	corporation submits this statement for the p	umose of changing	its registered
office or r	registered agent, or both, in the State	i of Florida. Such change was at	umonzed by	the corp	oration's board of directors. I hereby accept	the appointment as	registered
agent. I a	am familiar with, and accept the obliga	ations of, Section 607.0505, Flor	rida Statutes	3.			
agent. I a SIGNATURE	am familiar with, and accept the colligi	ations of, Section 607.0505, Flor	nda Statutes	š.			
agent. I a	am familiar with, and accept the obligi	ations of, Section 607.0505, Fiolism and 60e if applicable. (NOTE:	Registered Age	š.	equired when reinstating)  ADDITIONS/CHANGES TO OFFI	DATE	TORS IN 12
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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 ceth; 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.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZSP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

407 228-0739

CR2E034 (11/98)