

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 14 PM 12:04

DOCUMENT # V60812 (7)

1. Corporation Name

CENTRAL FLORIDA HEALTH MANAGEMENT, INC.

Principal Place of Business

1890 SEMORAN BLVD.
SUITE 251
WINTER PARK FL 32792

Mailing Address

1890 SEMORAN BLVD.
SUITE 251
WINTER PARK FL 32792

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

08/31/1992

3a. Date of Last Report

05/01/1994

4. FEI Number

59-3140987

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 has liability for intangible tax under S. 199.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LOZANO, MARIE J. M.D.
1890 SEMORAN BLVD.
#251
WINTER PARK, FL 32792

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 the corporation)

(If 301: Registered Agent is not the corporation, registered agent required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

PTD

NAME

LOZANO, MARIA J.

STREET ADDRESS

1890 SEMORAN BLVD. #251

CITY - ST - ZIP

WINTER PARK FL

TITLE

SVD

NAME

MARTINEZ, RAMON O.

STREET ADDRESS

1890 SEMORAN BLVD. #251

CITY - ST - ZIP

WINTER PARK FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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 creator or founder 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:

M. Lozano

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/8/95 (407) 679-8004