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FILED
Jun 09 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # V58206 (6)

1. Corporation Name
FAMILY PHYSICIANS OF WINTER PARK, INC.

Principal Place of Business: **1550 S. LAKEMONT AVE. WINTER PARK FL 32792 US**
 Mailing Address: **1550 S. LAKEMONT AVE. WINTER PARK FL 32792 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 Suite, Apt #, etc

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified: **08/18/1992**

4. FEI Number: **59-3164234**

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

9. Name and Address of Current Registered Agent

MCDONALD, ROGER J.
1218 EAST ROBINSON STREET
ORLANDO FL 32801

10. Name and Address of New Registered Agent

81 Name: **WALTER MOON**

82 Street Address (P.O. Box Number is Not Acceptable): **200 N. PALM ROSE DRIVE**

83

84 City: **ORLANDO** FL 85 Zip Code: **32803**

11. Pursuant to the provisions of Sections 607.0502 and 607.0505, 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: *Walter R. Moon* (Not Registered Agent signature required when reappointing) **6/4/98**

12. OFFICERS AND DIRECTORS

TITLE: **P** DELETE

NAME: **VYAS, INDRAJIT**

STREET ADDRESS: **8816 WHISPERING WILLOW CT**

CITY-ST-ZIP: **ORLANDO FL 32835**

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

11 TITLE: Change Addition

12 NAME:

13 STREET ADDRESS:

14 CITY-ST-ZIP:

21 TITLE: Change Addition

22 NAME:

23 STREET ADDRESS:

24 CITY-ST-ZIP:

31 TITLE: Change Addition

32 NAME:

33 STREET ADDRESS:

34 CITY-ST-ZIP:

41 TITLE: Change Addition

42 NAME:

43 STREET ADDRESS:

44 CITY-ST-ZIP:

51 TITLE: Change Addition

52 NAME:

53 STREET ADDRESS:

54 CITY-ST-ZIP:

61 TITLE: Change Addition

62 NAME:

63 STREET ADDRESS:

64 CITY-ST-ZIP:

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-06/09/98--01087--018
*****150.00**

14. I hereby certify that the information supplied with this filing 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 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: *Indrajit Vyas* **6/29/98 (407) 647-6070**

CR2E034 (10/97)