


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	APPROVED AND FILED 1995 APR 27 AM 9:07 SECRETARY OF STATE TALLAHASSEE, FLORIDA
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DOCUMENT # 485458 (4)

1. Corporation Name
PHYSICIANS MANAGEMENT SERVICES, INC.

Principal Place of Business P. O. BOX 500277 N/A MIAMI FL 33250-7277 161 NW 131 AVE PLANTATION, FL 33325	Mailing Address % BREITBART 161 NW 131 AVE PLANTATION, FL 33325
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2. Principal Place of Business 21 161 N.W. 131 Ave.	2a. Mailing Address 26 161 N.W. 131 Ave.	3. Date Incorporated or Qualified 08/26/1975	3a. Date of Last Report 04/21/1994
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	4. FEI Number 59-1617294	Applied For Not Applicable
23 City & State Plantation, FL	28 City & State Plantation, FL	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
24 Zip 33325	25 Country	29 Zip 33325	30 Country

9. Name and Address of Current Registered Agent LIEBMAN, J DAVID 3226 PONCE DE LEON BLVD CORAL GABLES FL 33134	10. Name and Address of New Registered Agent B1 Name B2 Street Address (P.O. Box Number is Not Acceptable) B3 B4 City B5 Zip Code FL
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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 _____ DATE _____
(Signature, listed in printed name of registered agent and title, if applicable) (Print Registered Agent signature required when transferring)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY ST ZIP	VD BREITBART, BERNARD B 181 NW 131ST AVE PLANTATION, FL 00000	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 400001469774 -05/01/95--01077--004 ****200.00 ****200.00
TITLE NAME STREET ADDRESS CITY ST ZIP	SD GELLER, NANCY 1240 GLENDEVEN CT. ATLANTA GA	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition DELETE
TITLE NAME STREET ADDRESS CITY ST ZIP	PD GELLER, ANDREW A 1240 GLENDEVEN CT. ATLANTA GA	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY ST ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition PD BREITBART, STEVEN 5715 S.W. 88 AVE. COOPER CITY, FL 33328
TITLE NAME STREET ADDRESS CITY ST ZIP	TD BREITBART, HILDE 161 NW 131ST AVE PLANTATION, FL 00000	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 200 4-27

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 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: Hilde Breitbart Seas 5/15/95 (305) 472-0978
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR