

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandia B. Montgama
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **485458** (4)

1. Corporation Name
PHYSICIANS MANAGEMENT SERVICES, INC.



Principal Place of Business: **161 N.W. 131 AVE. PLANTATION FL 33325 US**
Mailing Address: **161 N.W. 131 AVE. PLANTATION FL 33325 US**

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, City & State, Zip, and Country.

3. Date Incorporated or Qualified: **08/26/1975**
3a. Date of Last Report: **04/27/1995**
4. FEI Number: **59-1617294**
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

9. Name and Address of Current Registered Agent
~~LIGMAN, J. DAVID~~
~~3228 PONCE DE LEON BLVD~~
~~CORAL GABLES FL 33134~~

10. Name and Address of New Registered Agent
81 Name: **BERNARD B. BREITBART**
82 Street Address (P.O. Box Number is Not Acceptable): **161 NW 131 Ave**
83 City: **PLANTATION** FL 85 Zip Code: **33325**

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]* DATE: **3-18-96**

12. OFFICERS AND DIRECTORS

TITLE: Pres	NAME: BREITBART, BERNARD B	STREET ADDRESS: 161 NW 131ST AVE PLANTATION, FL 00000	CITY-ST-ZIP:	<input type="checkbox"/> DELETE
TITLE: Vice Pres	NAME: BREITBART, STEVE	STREET ADDRESS: 5715 S.W. 88TH AVE. COOPER CITY FL 33328	CITY-ST-ZIP:	<input type="checkbox"/> DELETE
TITLE: TD	NAME: BREITBART, HILDE	STREET ADDRESS: 161 NW 131ST AVE PLANTATION, FL 00000	CITY-ST-ZIP:	<input type="checkbox"/> DELETE
TITLE:	NAME:	STREET ADDRESS:	CITY-ST-ZIP:	<input type="checkbox"/> DELETE
TITLE:	NAME:	STREET ADDRESS:	CITY-ST-ZIP:	<input type="checkbox"/> DELETE
TITLE:	NAME:	STREET ADDRESS:	CITY-ST-ZIP:	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE:	2. NAME:	3. STREET ADDRESS:	4. CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
7. TITLE:	8. NAME:	9. STREET ADDRESS:	10. CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. TITLE:	12. NAME:	13. STREET ADDRESS:	14. CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
17. TITLE:	18. NAME:	19. STREET ADDRESS:	20. CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
21. TITLE:	22. NAME:	23. STREET ADDRESS:	24. CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
29. TITLE:	30. NAME:	31. STREET ADDRESS:	32. CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
37. TITLE:	38. NAME:	39. STREET ADDRESS:	40. CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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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)(k), 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: *[Signature]* DATE: **2-4-96** (984) 472-0978

CR2E034 (12/95)