

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
May 18 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-29) fields.

3. Date Incorporated or Qualified: 08/26/1975  
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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent: BREITBART, BERNARD B, 161 NW 131ST AVE, PLANTATIONES FL 33325

10. Name and Address of New Registered Agent (81-85): HILDE BREITBART, 161 NW 131ST AVE, PLANTATION, FL 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: Hilde Breitbart (NOTE: Registered Agent signature required when reinstating) DATE: 4/27/98

12. OFFICERS AND DIRECTORS

TITLE	P	DELETE
NAME	BREITBART, BERNARD B	
STREET ADDRESS	161 NW 131ST AVE	
CITY-ST-ZIP	PLANTATION, FL 00000	
TITLE	VP	DELETE
NAME	BREITBART, STEVE	
STREET ADDRESS	5715 S.W. 88TH AVE.	
CITY-ST-ZIP	COOPER CITY FL 33328	
TITLE	TD	DELETE
NAME	BREITBART, HILDE	
STREET ADDRESS	161 NW 131ST AVE	
CITY-ST-ZIP	PLANTATION, FL 00000	
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

1.1 TITLE		Change	Addition
1.2 NAME	HILDE BREITBART		
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE		Change	Addition
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		Change	Addition
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		Change	Addition
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		Change	Addition
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		Change	Addition
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

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 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: 4/27/98

CR2E034 (10/97)