

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$165 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$305)**

NONPROFIT CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUL 24 AM 8:24

DOCUMENT # **N50804** (6)

1. Corporation Name
PALMETTO PHYSICIAN ASSOCIATION, INC.

Principal Place of Business Mailing Address
7150 WEST 20TH AVENUE SUITE 412 HIALEAH FL 33016 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **09/11/1992** 3a. Date of Last Report **04/05/1994**
4. FEI Number **65-0442068** 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**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **FILING FEE IS \$61.25**
8. This corporation has liability for intangible tax under s. 199.042, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
23 City & State 28 City & State
24 Zip 25 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent
**FERNANDEZ, AURELIO
7150 WEST 20TH AVENUE, SUITE 412
SUITE 412
HIALEAH FL 33016**

10. Name and Address of New Registered Agent
81 Name **DAVID J. Weisman**
82 Street Address (P.O. Box Number is Not Acceptable) **7150 W. 20 Avenue**
83 **Suite 412**
84 City **Hialeah** FL 85 Zip Code **33016**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE *David J. Weisman* 7-14-95
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D
NAME	GARCIA, ONELIO, JR.
STREET ADDRESS	7150 W. 20TH AVE
CITY- ST- ZIP	HIALEAH FL
TITLE	D
NAME	GOLDMAN, EDWARD
STREET ADDRESS	7150 W. 20TH AVE SUITE 412
CITY- ST- ZIP	HIALEAH FL
TITLE	D
NAME	KOREMEN, NEIL
STREET ADDRESS	7150 W. 20TH AVEN SUITE 412
CITY- ST- ZIP	HIALEAH FL
TITLE	D
NAME	FERNANDEZ, ERIC
STREET ADDRESS	7150 W. 20TH AVE SUITE 412
CITY- ST- ZIP	HIALEAH FL
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	Comperatore, Roberto, M.D.
13 STREET ADDRESS	7150 W. 20 Ave. Ste 412
14 CITY- ST- ZIP	Hialeah, FL 33016
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	Talan, Leon, M.D.
23 STREET ADDRESS	7150 W. 20 Ave., Ste 412
24 CITY- ST- ZIP	Hialeah, FL 33016
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	Fields Steven, M.D.
33 STREET ADDRESS	7150 W. 20 Ave., Ste 412
34 CITY- ST- ZIP	Hialeah, FL 33016
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	Coll, Geoffrey M.D.
43 STREET ADDRESS	7150 W 20 Avenue, Ste. 412
44 CITY- ST- ZIP	Hialeah, FL 33016
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	Garcia Onelio, M.D.
53 STREET ADDRESS	7150 W 20 Ave, Ste 412
54 CITY- ST- ZIP	Hialeah, FL 33016
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	Halperin Scott M.D.
63 STREET ADDRESS	7150 W 20 Ave, Ste 412
64 CITY- ST- ZIP	Hialeah FL 33016

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption defined 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: *David J. Weisman* David J. Weisman 7/12/95 305 820-9801
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Last) (Print Name)

CFR2E037 (3/95)