

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
 AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

APPROVED
AND
FILED

96 OCT -3 PM 2: 21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

100001977271-3
-10/16/96--01074--002
*****70.00 *****70.00

NONPROFIT CORPORATION ANNUAL REPORT 1996

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

DOCUMENT # N50804 (6)

1. Corporation Name
PALMETTO PHYSICIAN ASSOCIATION, INC.

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

Mailing Address: 7150 W. 20TH AVE. STE. 412 HIALEAH FL 33016 US

2. Principal Place of Business: 7100 W. 20th AV, Suite G-179, Hialeah, FL, 33016, U.S.

2a. Mailing Address: 7100 W. 20th AV, Suite G-179, Hialeah, FL, 33016, U.S.

3. Date Incorporated or Qualified: 09/11/1992

3a. Date of Last Report: 07/24/1995

4. FEI Number: 65-0442068

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: WEISMAN, DAVID J, 7150 W 20TH AVE STE 412 HIALEAH FL 33016

10. Name and Address of New Registered Agent: GEORGE FOURK, 2001 W. 68th ST., Hialeah, FL, 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: [Signature] (NOTE: Registered Agent signature required when reinstating) DATE:

12. OFFICERS AND DIRECTORS

TITLE	GARCIA, ONELIO, JR.	<input checked="" type="checkbox"/> DELETE
NAME	7150 W. 20TH AVE	
STREET ADDRESS	HIALEAH FL	
CITY-ST-ZIP		
TITLE	D GOLDMAN, EDWARD	<input checked="" type="checkbox"/> DELETE
NAME	7150 W. 20TH AVE SUITE 412	
STREET ADDRESS	HIALEAH FL	
CITY-ST-ZIP		
TITLE	D KOREMEN, NEIL	<input checked="" type="checkbox"/> DELETE
NAME	7150 W. 20TH AVEN SUITE 412	
STREET ADDRESS	HIALEAH FL	
CITY-ST-ZIP		
TITLE	D FERNANDEZ, ERIC	<input checked="" type="checkbox"/> DELETE
NAME	7150 W. 20TH AVE SUITE 412	
STREET ADDRESS	HIALEAH FL	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Chairman of Pro (D)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	DR. Alvin Graybeet	
1.3 STREET ADDRESS	7100 W. 20th AV	
1.4 CITY-ST-ZIP	Hialeah, FL, 33016	
2.1 TITLE	Member (D)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	DR. STEVE NYDER	
2.3 STREET ADDRESS	7100 W. 20th AV	
2.4 CITY-ST-ZIP	Hialeah, FL, 33016	
3.1 TITLE	Member (D)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	DR. Mario Gonzalez	
3.3 STREET ADDRESS	7100 W. 20th AV	
3.4 CITY-ST-ZIP	Hialeah, FL, 33016	
4.1 TITLE	Member (D)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	DR. STEVEN-FIELDS	
4.3 STREET ADDRESS	7100 W. 20th AV	
4.4 CITY-ST-ZIP	Hialeah, FL, 33016	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an appointment with an address.

SIGNATURE: [Signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 7/12/96

Daytime Phone #: (305) 820-9800

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CR2E037 (3/96)