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Mar 20 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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 Mailing Address  
7100 W. 20TH AV G-179 HIALEAH FL 33016 US  
7100 W. 20TH AV G-179 HIALEAH FL 33016 US

2. Principal Place of Business 2a. Mailing Address  
21 7150 W. 20TH AVE 26  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 # 412 27  
City & State City & State  
23 HIALEAH FL 28  
Zip Country Zip Country  
24 33016 25 29 30



3. Date Incorporated or Qualified  
09/11/1992  
4. FEI Number Applied For  
65-0442068 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. Is this nonprofit corporation a homeowners association?  Yes  No  
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  
~~FOYER, GEORGE~~  
~~2001 W 68TH ST.~~  
~~HIALEAH FL 33016~~

10. Name and Address of New Registered Agent  
81 Name  
82 Alvaro I. Martinez, M.D.  
Street Address (P.O. Box Number is Not Acceptable)  
83 7150 W 20th avenue #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 *[Signature]* Alvaro I. Martinez MD 3/6/98  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	CD	<input checked="" type="checkbox"/> DELETE
NAME	GRAUBERT, ALAN DR	
STREET ADDRESS	7100 W. 20TH AVE	
CITY-ST-ZIP	HIALEAH FL 33016	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	NADLER, STEVE DR	
STREET ADDRESS	7100 W. 20TH AV	
CITY-ST-ZIP	HIALEAH FL 33016	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GONZALEZ, MARIO DR	
STREET ADDRESS	7100 W. 20TH AV	
CITY-ST-ZIP	HIALEAH FL 33016	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FIELDS, STEVEN DR	
STREET ADDRESS	7100 W. 20TH AV	
CITY-ST-ZIP	HIALEAH FL 33016	
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	MD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Fernandez, Eric, M.D.	
1.3 STREET ADDRESS	7100 W. 20TH Av	
1.4 CITY-ST-ZIP	Hialeah, FL 33016	
2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Capote, Pedro, M.D.	
2.3 STREET ADDRESS	7100 W. 20 Ave.	
2.4 CITY-ST-ZIP	Hialeah, FL 33016	
3.1 TITLE	D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Campos, Jaime, M.D.	
3.3 STREET ADDRESS	7100 W. 20 Ave.	
3.4 CITY-ST-ZIP	Hialeah, FL 33016	
4.1 TITLE	CD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Comperatore, Roberto, M.D.	
4.3 STREET ADDRESS	7100 W. 20 Ave.	
4.4 CITY-ST-ZIP	Hialeah, FL 33016	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Mendez, Kevin, M.D.	
5.3 STREET ADDRESS	7100 W. 20 Ave.	
5.4 CITY-ST-ZIP	Hialeah, FL 33016	
6.1 TITLE	100002464051	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	-03/20/98--01113--015	
6.3 STREET ADDRESS	***81725	
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 149.7(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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* Director  
30F-367-1992