

FILED  
Jun 24, 2002 8:00 am  
Secretary of State

05-28-2002 91623 034 \*\*\*150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000018111

1. Entity Name  
ASSOCIATED PHYSICIAN SERVICE CORP.

Principal Place of Business  
3737 N. PINE ISLAND RD.  
SUNRISE FL 33351

Mailing Address  
3737 N. PINE ISLAND RD.  
SUNRISE FL 33351

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FE Number  
65-1088741

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SINAGRA, FRANK J ESQ  
100 SE 3RD AVE., STE. 1900  
FT. LAUDERDALE FL 33394

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back)

FILE NOW!!! FEE IS \$150.00  
After May 1, 2002 Fee will be \$550.00  
Make Check Payable to Department of State

10. Election Campaign Financing  
Trust Fund Contribution.

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME  
D  
GOLDBERG, MARC M.D.  
STREET ADDRESS  
2334 NE 53RD ST.  
CITY-ST-ZIP  
FT. LAUDERDALE FL 33308

Delete

TITLE NAME  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE NAME  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE NAME  
D  
Wayne F. Gizer Do.  
STREET ADDRESS  
601 SW 93rd Terrace  
CITY-ST-ZIP  
Plantation, FL 33324

Change  Addition

TITLE NAME  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE NAME  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE NAME  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE NAME  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE NAME  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE NAME  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE NAME  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE NAME  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Telephone

CR2E034 (9/01)