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FILED
Apr 21 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P93000006590 (2)

1. Corporation Name

PHYSICIANS' ADVISORS, INC.

Principal Place of Business

7520 RED RD.
STE. C
MIAMI FL 33143

Mailing Address

P O BOX 43-2811
MIAMI FL 33243-2811
US

3. Date Incorporated or Qualified

01/27/1993

3a. Date of Last Report

10/24/1996

2. Principal Place of Business

2a. Mailing Address

21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country
25		30	

4. FEI Number

65-0397092

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

KOSKY, THOMAS R
5940 S W 88TH STREET
MIAMI FL 33143

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85

Zip Code

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

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	P	☐	DELETE
NAME	KERKER, HARRIS L		
STREET ADDRESS	8313 S HAMPTON PLACE		
CITY-ST-ZIP	BOCA RATON FL 33434		
TITLE	ST	☐	DELETE
NAME	KOSKY, THOMAS R		
STREET ADDRESS	5940 S W 88TH STREET		
CITY-ST-ZIP	MIAMI FL 33143		
TITLE		☐	DELETE
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
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				
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 do 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:

4/14/97 305146-5108

CR2E034 (9/96)