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Mar 30, 1999 8:00 am
Secretary of State

03-30-1999 90012 048 ***150.00



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

PROFIT CORPORATION ANNUAL REPORT 1999

DOCUMENT # P93000072795 ✓

1. Corporation Name
FLORIDA PHYSICIANS NETWORK PRIME CARE, INC.

Principal Place of Business Mailing Address
340 East Dania Beach Boulevard
Dania, Florida 33004

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10-20-93

4. FEI Number **65-0445499** 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 owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business 2a. Mailing Address

21 **3050 Biscayne Boulevard**

22 Suite, Apt. #, etc. 26 **Suite 801**

23 City & State 27 **Miami, FL**

24 Zip Country 28 **33137 US**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Felix J. Martin
1840 West 49th Street
Suite 105
Hialeah, FL 33012

81 Name **The Law Offices of Craig M. Dorne, P.A.**

82 Street Address (P.O. Box Number is Not Acceptable) **3050 Biscayne Boulevard**

83 **Suite 801**

84 City **Miami** FL 85 Zip Code **33137**

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 *Craig M. Dorne* **Craig M. Dorne** 1/ /99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	Director, President, V. President	<input type="checkbox"/> DELETE
NAME	Alan Dorne	
STREET ADDRESS	3050 Biscayne Boulevard, Suite 801	
CITY-ST-ZIP	Miami, FL 33137	
TITLE	Director, Treasurer, Secretary	<input type="checkbox"/> DELETE
NAME	Vilma D. Quintana	
STREET ADDRESS	3050 Biscayne Boulevard, Suite 801	
CITY-ST-ZIP	Miami, Florida 33137	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
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		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
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 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, with all other like empowered.

SIGNATURE: *Vilma D. Quintana* **Vilma D. Quintana, Treasurer** 2/8 /99 305-576-0002