

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

APPROVED

CORPORATION
ANNUAL REPORT
1995



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

95 MAR 15 AM 9:43

DOCUMENT # P94000034576 (6)

1. Corporation Name
PHYSICIANS HEALTHCARE NETWORK INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
4122 WEST 12TH AVENUE HIALEAH FL 33012

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 05/04/1994	3a. Date of Last Report
4. FEI Number 65-0489157	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Country
24	25
29	30

9. Name and Address of Current Registered Agent

**QUIRANTES, RAMON JR.
4180 WEST 12TH AVENUE
HIALEAH FL 33012**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-stating)

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	QUIRANTES, RAMON JR.
STREET ADDRESS	1441 MILAN AVENUE
CITY - ST - ZIP	CORAL GABLES FL 33143
TITLE	D
NAME	MANRESA, MIGUEL
STREET ADDRESS	5260 SOUTH WEST 3RD STREET
CITY - ST - ZIP	MIAMI FL 33134
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<i>Delete Miguel Manresa</i>
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	800001431808
3.3 STREET ADDRESS	-03/16/95--01083--005
3.4 CITY - ST - ZIP	***200.00 ***200.00
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 118.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment thereto.

SIGNATURE: *[Signature]* DATE: **2-20-95** (305) 821-6181
SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR: **RAMON QUIRANTES, JR.** DATE: **3-15-95**