FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 JUN 15 AM 9:23

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # P 94000056093

1. Corporation Name

ATLANTIC HEALTH NETWORK IGP, INC.

Principal Place of Business / Mailing Address

603 Village Boulevard, Suite 300
West Palm Beach, FL 33409

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 7/28/93 | 3a. Date of Last Report:

2. Principal Place of Business
21: Same as above
22: Suite, Apt. #, etc
23: City & State
24: Zip | 25: Country

2a. Mailing Address
26: Same as above
27: Suite, Apt. #, etc
28: City & State
29: Zip | 30: Country

4. FEI Number: 65-0507354 ☐ 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

Robert Weiss, M.D.
603 Village Boulevard, Suite 300
West Palm Beach, FL 33409

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 _____ (NOTE: Registered Agent signature required when marked) DATE

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE / NAME / STREET ADDRESS / CITY ST ZIP: President / Director Tommy Schechtman, M.D. ~~Same~~ 603 Village Blvd, Ste 300 West Palm Beach, FL 33409	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY ST ZIP: ☐ Change ☐ Addition 900001517439 -06/20/95--01055--019 ****225.00 ****225.00
TITLE / NAME / STREET ADDRESS / CITY ST ZIP: Treasurer / Director David Stern, D.O. ~~Same~~ 603 Village Blvd, Ste 300 West Palm Beach, FL 33409	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY ST ZIP: ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP: Secretary / Director Robert Weiss, M.D. ~~Same~~ 603 Village Blvd, Ste 300 West Palm Beach, FL 33409	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY ST ZIP: ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP: Director Tomothy Bell, M.D. ~~Same~~ 603 Village Blvd, Ste 300 West Palm Beach, FL 33409	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY ST ZIP: ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP: Director Gene Manko, M.D. ~~Same~~ 603 Village Blvd, Ste 300 West Palm Beach, FL 33409	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY ST ZIP: ☐ Change ☐ Addition 6/15/95 MS
TITLE / NAME / STREET ADDRESS / CITY ST ZIP:	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY ST ZIP: ☐ Change ☐ Addition

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 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: Robert A Weiss, MD — 5/10/95 — (407) 689-1078

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ROBERT A WEISS, M.D.