

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra E. Mathem
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000027984 (0)

1. Corporation Name
SOUTH FLORIDA PRIMARY CARE GROUP, P.A.



Principal Place of Business

Mailing Address

[Redacted]

[Redacted]

2. Principal Place of Business

21 1150 N. 35 Ave
22 Suite 675
23 Hollywood, FLA.
24 33021 25 USA

2a. Mailing Address

26 1150 N. 35 Ave
27 Suite 675
28 Hollywood, FLA.
29 33021 30 USA

9. Name and Address of Current Registered Agent

**B & C CORPORATE SERVICES, INC.
201 S. BISCAYNE BLVD.
SUITE 3000
MIAMI FL 33131**

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 602.0607 and 602.1500, Florida Statutes, the above named corporation is hereby making 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, thereby, accept the appointment as registered agent. I am familiar with and aware of the obligations set forth in 602.0607, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	D	[] DELETE
NAME	HEROLD, FRED	
STREET ADDRESS	3700 WASHINGTON ST. SUITE 111	
CITY-STATE-ZIP	HOLLYWOOD FL 33021	
TITLE	D	X DELETE
NAME	VACKER, MARK	
STREET ADDRESS	4801 S. UNIVERSITY DR.	
CITY-STATE-ZIP	DAVIE FL 33238	
TITLE	D	[] DELETE
NAME	TREZZA, JAMES	
STREET ADDRESS	921 N. 35TH AVENUE, SUITE 205	
CITY-STATE-ZIP	HOLLYWOOD FL 33021	
TITLE		[] DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		[] DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13.

1. TITLE	
2. NAME	
3. STREET ADDRESS	
4. CITY-STATE-ZIP	
5. TITLE	
6. NAME	
7. STREET ADDRESS	
8. CITY-STATE-ZIP	
9. TITLE	
10. NAME	
11. STREET ADDRESS	
12. CITY-STATE-ZIP	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE		[X] Change [] Addition
2. NAME		
3. STREET ADDRESS	1150 N. 35 Ave. Suite 675	
4. CITY-STATE-ZIP	Hollywood, FL. 33021	[] Change [] Addition
5. TITLE		[X] Change [] Addition
6. NAME		
7. STREET ADDRESS	1150 N. 35 Ave. Suite 675	
8. CITY-STATE-ZIP	Hollywood, FL. 33021	[] Change [] Addition
9. TITLE		[] Change [] Addition
10. NAME		
11. STREET ADDRESS		
12. CITY-STATE-ZIP		[] Change [] Addition

14. I do hereby certify that the information supplied with this filing is accurate, furnished, and does not qualify for the exemption stated in Section 119.07(1)(a), Florida Statutes. I further certify that the information included herein is a true and correct copy of the original 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 trustee or trustee or power to execute this report as required by Chapter 602, Florida Statutes, and that my name appears in Block 12 or Block 13 as changed or on an after block with an "X" here.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/96 954-902-2300

CP2E034 (12/95)