SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P95000071139 (6)**

1. Corporation Name

PLANTATION HEALTH ASSOCIATES, INC.

Δ of Corporation Name: Outpatient Provider Networks, Inc.

Principal Place of Business	Mailing Address
8320 W. SUNRISE BLVD. SUITE 105 PLANTATION FL 33322	8320 W. SUNRISE BLVD. SUITE 105 PLANTATION FL 33322

3. Date Incorporated or Qualified: **09/15/1995**

3a. Date of Last Report:

2. Principal Place of Business
21: 430 NW 112 Ave
22: Suite, Apt. #, etc
23: City & State: Coral Springs, Fl
24: Zip: 33071
25: Country: USA

2a. Mailing Address
26: 430 NW 112 Ave
27: Suite, Apt. #, etc
28: City & State: Coral Springs, Fl
29: Zip: 33071
30: Country: USA

4. FEI Number: ☐ 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

SHAMES, CARY B
8320 W. SUNRISE BLVD, SUITE 105
PLANTATION FL 33322

10. Name and Address of New Registered Agent

81 Name:
82 Street Address (P.O. Box Number is Not Acceptable): 430 NW 112 Ave
83:
84 City: Coral Springs **FL** 85 Zip Code: 33071

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: 5/30/96
Signature of new registered agent and title, if applicable (NOTE: A registered agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ☐ DELETE	11 TITLE	☑ Change ☐ Addition
NAME	SHAMES, CARY B	12 NAME	
STREET ADDRESS	8320 W. SUNRISE BLVD, SUITE 105	13 STREET ADDRESS	430 NW 112 Ave
CITY-ST-ZIP	PLANTATION FL 33322	14 CITY-ST-ZIP	Coral Springs Fl 33071
TITLE	☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY-ST-ZIP		24 CITY-ST-ZIP	
TITLE	☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE	☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

CR2E034 (3/96)

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)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 5/30/96 954-252-2648
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

0005480 CR