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Apr 07 1997 8:00am
Secretary of State


PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P95000086989 (7)
1. Corporation Name
PRIMARY CARE PHYSICIANS GROUP, INC.

Handwritten: A. SUMI ROBERT SHAFFER




Principal Place of Business: 250 63RD ST, SUITE 9B, MIAMI BEACH FL 33141 US

Mailing Address: ~~2400 DISCAYNE BLVD. SUITE 100 AVENTURA FL 33180~~
PRIMARY CARE PHYSICIANS GROUP
ROBERT SHAFFER M.D.
250 63 ST, SUITE 9B
MIAMI BEACH, FL 33141

2. Principal Place of Business: 21 Suite 9B, City & State: Miami Bch., FL, Zip: 33141, Country: U.S.

3. Date Incorporated or Qualified: 11/13/1995
3a. Date of Last Report: 02/23/1996
4. FEI Number: 65-0622370
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: ~~MURDOCK, CHRISTINE
2110 DISCAYNE BLVD.
SUITE 100
AVENTURA FL 33180~~

10. Name and Address of New Registered Agent:
81 Name: Robert shaffer
82 Street Address (P.O. Box Number is Not Acceptable): 3564 Magellan Circle
83 Unit 214
84 City: N. Miami Bch., FL 85 Zip Code: 33180

11. Pursuant to the provisions of Sections 607.0502 and 607.309, 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: *Robert Shaffer, President 3/6/97*
Signature typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PTD	<input type="checkbox"/> DELETE
NAME	SHAFFER, ROBERT	
STREET ADDRESS	1000 WEST AVENUE, #1418	
CITY-ST-ZIP	MIAMI BEACH FL 33180	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	MERLINO, GARY	
STREET ADDRESS	3564 MAGELLAN CIRCLE UNIT 2	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33180	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	3564 Magellan Circle Unit 214
14 CITY-ST-ZIP	N. Miami Bch., FL 33180
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	18735 N.E. 21st Ave.
24 CITY-ST-ZIP	N. Miami Bch., FL 33179
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 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 do 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.

SIGNATURE: *Robert Shaffer, President 3/6/97 (305) 535-1694*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)