

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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**Apr 23 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 # V35940 (8)
1. Corporation Name:
PHYSICIANS CHOICE, INC.



Principal Place of Business: **4722 SW 74TH AVE MIAMI FL 33155**
Mailing Address: **4722 SW 74TH AVE MIAMI FL 33155-4417**

3. Date Incorporated or Qualified: **05/14/1992**
3a. Date of Last Report: **07/15/1996**

| | | | | | | | | | | | |
|--------------------------------|----|---------------------|----|--|----|------------------------------|----|---|----|------------------------------------|-------------------------------|
| 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 4. FEI Number 65-0351947 | Applied For Not Applicable |
| 2. Principal Place of Business | | 2a. Mailing Address | | 5. Certificate of Status Desired <input type="checkbox"/> | | 8.75 Additional Fee Required | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | | 8.50 May Be Added to Fees | |
| City & State | | City & State | | 7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | |

| | | | | | | | |
|--|--|--|--|---|--|-------------|--|
| 9. Name and Address of Current Registered Agent E.H.G. RESIDENT AGENTS, INC. 5100 TOWN CENTER CIRCLE SUITE 330 BOCA RATON FL 33486 | | | | 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 reinstating) DATE: _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|--|--|---|--|
| TITLE: PD | <input type="checkbox"/> DELETE | 1.1 TITLE: SECRETARY | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME: FAMADAS, NELSON | | 1.2 NAME: DE ARMAS, ROGER | |
| STREET ADDRESS: 4722 S.W. 74TH AVE. | | 1.3 STREET ADDRESS: 4722 S.W. 74TH AVE | |
| CITY-ST-ZIP: MIAMI FL 33155 | | 1.4 CITY-ST-ZIP: MIAMI, FL 33155 | |
| TITLE: VD | <input checked="" type="checkbox"/> DELETE | 2.1 TITLE: TREASURER | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME: EHEVARRIA, ALEX | | 2.2 NAME: Williams, Todd | |
| STREET ADDRESS: 4722 S.W. 74TH AVE | | 2.3 STREET ADDRESS: 4301 32ND AVE W. Suite C6 | |
| CITY-ST-ZIP: MIAMI FL | | 2.4 CITY-ST-ZIP: BRADENTON, FL 34205 | |
| TITLE: SD | <input checked="" type="checkbox"/> DELETE | 3.1 TITLE: VICE PRESIDENT | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME: KRIES, LAWRENCE | | 3.2 NAME: Williams, Ron | |
| STREET ADDRESS: 2655 LEJEUNE RD., #505 | | 3.3 STREET ADDRESS: 4301 32ND AVE W. Suite C6 | |
| CITY-ST-ZIP: CORAL GABLES FL | | 3.4 CITY-ST-ZIP: BRADENTON, FL 34205 | |
| TITLE: D | <input checked="" type="checkbox"/> DELETE | 4.1 TITLE: DIRECTOR | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME: GOMEZ, FAUSTO B | | 4.2 NAME: Nelson G. Famadas | |
| STREET ADDRESS: 2655 LEJEUNE RD., #505 | | 4.3 STREET ADDRESS: 4722 S.W. 74 AVE | |
| CITY-ST-ZIP: CORAL GABLES FL | | 4.4 CITY-ST-ZIP: MIAMI, FL 33155 | |
| TITLE: SECRETARY | <input type="checkbox"/> DELETE | 5.1 TITLE: DIRECTOR | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME: DE ARMAS, ROGER | | 5.2 NAME: IVAN CASTANEDA | |
| STREET ADDRESS: 4722 S.W. 74TH AVE | | 5.3 STREET ADDRESS: 4722 S.W. 74 AVE | |
| CITY-ST-ZIP: MIAMI FL 33155 | | 5.4 CITY-ST-ZIP: MIAMI, FL 33155 | |
| TITLE: TREASURER | <input type="checkbox"/> DELETE | 6.1 TITLE: DIRECTOR | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME: Williams, Todd | | 6.2 NAME: MIKE MURPHY | |
| STREET ADDRESS: 4301 32ND AVE W. Suite C6 | | 6.3 STREET ADDRESS: 4301 32ND AVE W Suite C6 | |
| CITY-ST-ZIP: BRADENTON, FL 34205 | | 6.4 CITY-ST-ZIP: BRADENTON, FL 34205 | |

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: _____ DATE: **3-14-97** DAYTIME PHONE: **305-267-1804**

CR2E034 (9/96)