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CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 31 PM 2:42

DOCUMENT # **445199** (3)

1. Corporation Name
PHYSICIANS MANAGEMENT, ORLANDO, INC.

Principal Place of Business
**3990 SHERIDAN STREET
SUITE 212
HOLLYWOOD FL 33021**

Mailing Address
**3990 SHERIDAN STREET
SUITE 212
HOLLYWOOD FL 33021**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
02/04/1974

3a. Date of Last Report
01/19/1994

2. Principal Place of Business
21 **4401 Sheridan St.**

2a. Mailing Address
26 **4401 Sheridan St.**

4. FEI Number
59-1517118

Applied For
 Not Applicable

Suite, Apt. #, etc.
22 **#105**

27 **#105**

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

City & State
23 **Hollywood, FL**

28 **Hollywood, FL**

6. Election Campaign Financing
Trust Fund Contribution **\$5.00 May Be Added to Fees**

Zip
24 **33021**

Country
25 **USA**

29 **33021**

30 **USA**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**YACHNOWITZ, STUART
3990 SHERIDAN STREET
SUITE 212
HOLLYWOOD FL 33021**

81 Name
Mark London

82 Street Address (P.O. Box Number is Not Acceptable)
4030-C Sheridan Street

83

84 City
Hollywood, FL

85 Zip Code
33021

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 607.0596, Florida Statutes.

SIGNATURE *[Signature]* **Mark S. London 1-19-95**

Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
SD	YACHNOWITZ (JOSEPH)	3990 SHERIDAN STREET	HOLLYWOOD FL
PD	YACHNOWITZ, STUART	3990 SHERIDAN STREET	HOLLYWOOD FL
VP	HILL, SUSAN	3813 HAWORTH DRIVE	RALEIGH NC

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	12 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
SD	Yachnowitz, Joseph	4401 Sheridan St. #105	Hollywood, FL 33021	<input checked="" type="checkbox"/>	<input type="checkbox"/>
PD	Yachnowitz, Stuart	4401 Sheridan St. #105	Hollywood, FL 33021	<input checked="" type="checkbox"/>	<input type="checkbox"/>
VP	Hill, Susan	4401 Sheridan St. #105	Hollywood, FL 33021	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 110.07(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* **Stuart Yachnowitz 1-19-95 (eos) 987-16601**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE (Signature Printed)