

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

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 # **523417** (4)  
1. Corporation Name  
**PHYSICIANS' MANAGEMENT OF DELAWARE, INC.**

Principal Place of Business      Mailing Address  
3990 SHERIDAN ST., #212      3990 SHERIDAN ST., #212  
HOLLYWOOD FL 33021      HOLLYWOOD FL 33021

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified      3a. Date of Last Report  
**02/01/1977**      **01/19/1994**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21	4401 Sheridan St.	26	4401 Sheridan St.	59-1718659		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
22	#105	27	#105	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees			
City & State		City & State		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
23	Hollywood, FL	28	Hollywood, FL				
Zip	Country	Zip	Country				
24	33021	25	USA	29	33021	30	USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

YACHNOWITZ, STUART  
3990 SHERIDAN ST., #212  
HOLLYWOOD FL 33021

81 Name  
**Mark London**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**4030-C Sheridan St.**  
83  
84 City **Hollywood**      FL      85 Zip Code **33021**

11. Pursuant to the provisions of Sections 607.0542 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: *[Signature]*      **Mark S. London**      1-19-95  
Signature, typed or printed name of registered agent(s) into if applicable. (NOTE: Registered Agent Signature required when reconstituting.) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YACHNOWITZ, STUART	1.2 NAME	Yachnowitz, Stuart
STREET ADDRESS	3990 SHERIDAN ST., #212	1.3 STREET ADDRESS	4401 Sheridan St. #105
CITY-ST-ZIP	HOLLYWOOD FL	1.4 CITY-ST-ZIP	Hollywood, FL 33021
TITLE	SD	2.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YACHNOWITZ, JOSEPH	2.2 NAME	Yachnowitz, Joseph
STREET ADDRESS	3990 SHERIDAN ST., #212	2.3 STREET ADDRESS	4401 Sheridan St. #105
CITY-ST-ZIP	HOLLYWOOD FL	2.4 CITY-ST-ZIP	Hollywood, FL 33021
TITLE	V	3.1 TITLE	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HILL, SUSAN	3.2 NAME	Hill, Susan
STREET ADDRESS	3990 SHERIDAN ST., #212	3.3 STREET ADDRESS	4401 Sheridan St. #105
CITY-ST-ZIP	HOLLYWOOD FL	3.4 CITY-ST-ZIP	Hollywood, FL 33021
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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      (805) 987-4604  
Signature and typed or printed name of signing officer or director      This      (Internal Use)