FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED
95 MAY 11 AM 9:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 604847 (4)

1. Corporate Name

EMERGENCY PHYSICIAN ASSOCIATES-J. CLIFFORD FINDE ISS, M.D., P.A.

Principal Place of Business:
100 N.W. 70TH AVE.
PLANTATION FL 33317

Mailing Address:
1200 S PINE ISLAND RD. #500
PLANTATION FL 33324
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 1200 S. Pine Island Rd.	26
Suite, Apt # etc. 22 Suite 600	Suite, Apt # etc. 27
City & State 23 Plantation, FL	City & State 28
Zip 24 33324 Country 25 US	Zip 29 Country 30

3. Date Incorporated or Qualified: 11/22/1973
3a. Date of Last Report: 03/22/1994
4. FEI Number: 59-1497843 — [ ] Applied For [ ] Not Applicable
5. Certificate of Status Desired [X] — $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. [X] Yes [ ] No

9. Name and Address of Current Registered Agent

FINDEISS, J CLIFFORD MD
100 N.W. 70TH AVE.
PLANTATION FL 33317

10. Name and Address of New Registered Agent

81 Name: Findeiss, J. Clifford, MD
82 Street Address (P.O. Box Number is Not Acceptable): 1200 S. Pine Island Road
83 Suite 600
84 City: Plantation FL
85 Zip Code: 33324

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

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	PRINCIPE, NEIL
STREET ADDRESS	1200 S PINE ISLAND RD, STE 600
CITY-ST-ZIP	PLANTATION FL
TITLE	STD
NAME	WEINSTEIN, VICTOR
STREET ADDRESS	1200 S PINE ISLAND RD, STE 600
CITY-ST-ZIP	PLANTATION FL
TITLE	D
NAME	ESQUIVELL, JULIO
STREET ADDRESS	1200 S PINE ISLAND RD, STE 600
CITY-ST-ZIP	PLANTATION FL
TITLE	DV
NAME	FINDEISS, J. CLIFFORD
STREET ADDRESS	1200 S PINE ISLAND RD, STE 600
CITY-ST-ZIP	PLANTATION FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 — [ ] Change [ ] Addition (blank)

14. I the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07, 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: J. Clifford Findeiss, MD May 5, 95 (305) 475-1300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — DAYTIME PHONE #

0232934 CP