## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT : CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

Principal Place of Business

F82702

(4)

Mailing Address

FAMCARE MANAGEMENT, INC.

## FILED Jul 22 1998 8:00am Secretary of State

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C/O FAMILY PRACTICE CENTER 4645 GUN CLUB ROAD W. PALM BEACH FL \$3415			4645	C/O FAMILY PRACTICE CENTER 4645 GUN CLUB ROAD W. PALM BEACH FL 33415				DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified  05/25/1982		
2. Principal Place of Business				2a. Mailing Address				4. FEI Number	Applied For	
21				26				59-2214172	Not Applicable	
Suite, Apt. #, etc.				Suite, Apt. #, etc.				5. Certificate of Status Desired \$8	.75 Additional Fee Required	
City & State			ļ,	City & State				6. Election Campaign Financing \$	5.00 May Be	
23			28	+ - + ······				Trust Fund Contribution Added to Fees		
Zip	Country			Zip Cour				8. This corporation owes or has paid the current ye	ves or has paid the current year Intanoible	
24		25	29		30 Personal Property Tax due June 30. Yes No					
9. Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent				
LARDIN, THOMAS						81 Name				
BANK ATLANTIC BUILDING SUITE #100 1901 W CYPRESS CREEK RD. FT. LAUD <b>ER</b> DALE FL 33309						2	Street Address (P.O. Box Number is Not Acceptable)			
						6	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 Signature, typed or printed name of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) DATE										
12.		OFFICERS	AND DIREC	TORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIR	DITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE					1.1 TITLE	1.1 TITLE		Change Addition		
NAME	PHILLIPS, J B MD				1.2 NAME	1.2 NAME				
STREET ADDRESS	421 W. LAKE DASHA DR.				1.3 STREE	1.3 STREET ADDRESS				
CITY-ST-ZIP	PLANTATIO	ON FL			1.4 CiTY-S	1.4 CITY-ST-ZIP				
TITLE	VD LEVINE, N W 321 JACARANDA DR.			DELETE 2.1 Ti 2.2 Ni 2.3 SI		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		Псь	ange Addition	
NAME									ungo xodilori	
STREET ADDRESS										
CITY-ST-ZIP										
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NAME					3.2 NAME				origo radinon	
STREET ADDRESS					3.3 STREE	TA	DDRESS			
CITY-ST-ZIP					3.4 CiTY-S		ł		1 1	
TITLE				DELETE	4.1 TITLE				ange Addition	
NAME					4.2 NAME					
STREET ADDRESS					4.3 STREE	T AI	DDRESS		\ <i>//    </i>	
CITY-ST-ZIP					4.4 CITY-S			//.	1900	
TITLE				DELETE	5.1 TITLE	-			ange Addition	
NAME				Carlo Openio	5.2 NAME				ango LJ Moullion	
STREET ADDRESS					5.3 STREE	T A I	DDRESS			
CITY-ST-ZIP					5.4 CITY-S		1			
TITLE				DELETE	6.1 TITLE		<del>"   -</del>	Π.	ange Addition	
NAME				LJ DEEL IL	6.2 NAME			10000260221		
STREET ADDRESS					6.3 STREE	T & T	nngess	-07/30/9801008022	•	
CITY-ST-ZIP					6.4 CITY-S		i	***150.88	ļ	
14. I hereby ce indicated o an officer o	on this <b>en</b> nual or dire <b>cto</b> r of t	nformation supplied report or suppliement or suppliement corporation or the changest or on an	ntal annual re e receiver of 1	port is ≰rue and accul rustee empowered to	he exemption	าร	stated in se	ection 119.07(3)(i), Florida Statutes. I further certify that the re shall have the same legal effect as if made under oath; required by Chapter 607, Florida Statutes; and that my na	that I am me appears	



## The Family Practice Center

4645 Gun Club Road West Palm Beach, Florida 33415 (407) 471-1333



July 16, 1998

Florida Division of Corporations PO Box 6327 Tallahassee, Florida 32314 Att: Annual Report Section

Dear Sirs,

Enclosed, please find the Annual Report filings for Family Practice Center Inc (F67309) and Famcare Management Inc (F82702). Attached to each filing, please find checks for the \$150.00 filing fee. Unfortunately, this year, as was the case last year, your mail was again not received by our office. We have had a continued problem with "official looking documents" being taken from our mailbox in the shopping center. You will find that last year, the same incident occurred which resulted in the need to reinstate the corporations.

I hope that you will take this into consideration and afford us the courtesy of not levying any penalties. Furthermore, if possible we would like all future annual reports to be mailed to the office of our registered agent so as to eliminate this problem in the future.

Thanking you in advance for your help. If you have any questions, please do not hesitate to call me at my office at **561**-471-1333.

Unicarcity,

N. W. Levine Vice President