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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

F95000006144 (8) DOCUMENT

PHYSICIANS SELECT, INC.					
Principal Place of Business Mailing Addre					
7350 SANDLAKE COMMONS BLVD., #2215 ORLANDO FL 32819		7350 SANDLAKE O ORLANDO FL 3281		#2215	
					3. Date Incorporated or Qualified 3a. Date of Last Report 12/18/1995
2. Philopat Place of Business		2a. Mailing Address			4. FEI Nymber Applied For
21		26			59 -33 76 8 39 Not Applicable
Suite, Apt. # 22	#, etc.	Suite, Apt. #, etc	15 221	7 M	5. Certificate of Status Desired S8.75 Additional Fee Required
City & State		City & State		5517	Election Campaign Financing Trust Fund Contribution Added to Fees
Z(p)	Country	Zip	Count	ry	8. This corporation has liability for intangible tax under s 199,032,
24	25	29	[30]		Florida Statutes Yes No
	9. Name and Address of Curre	ent Registered Agent		1 Name	10. Name and Address of New Registered Agent
VDANES	N DODERT M FOO		[1 Name	
	r, robert m esq Dllywood blvd., #485 s.		Ε	2 Street A	ddress (P.O. Box Number is Not Acceptable)
	VOOD FL 33021		8	3	
***************************************			5	4 City	85 Zip Code
				'	poration submits this statement for the purpose of changing its registered office
or reconsten	ed agent, or both, in the State of Flo th, and accept the obligations of, So Strate trial or protestment of agistims up	erida. Such change was auth ection 607.0505, Florida Stat	nonzed by the co utes.	rporation's b	poard of directors. I hereby accept the appointment as registered agent. I am
12.		ND DIRECTORS	13.	,	ADDITIONS/CHANGES TO OFFICERS AND DIBECTORS IN 12
71'LF	PTDC	☐ DELETE	1 1 1 1 1	E	Change Addition
NAME	LEVINE, SCOTT		1.2 NAM	£ .	122 Se S. Alaka Course R(W # 2217
\$160 FT ACOBESS	7350 SANDLAKE COMMON	IS BLVD., #2215	13 STR	ET ADDRESS	73 So Sand late Commons B (W # 2217
CHY-SI-ZIP	ORLANDO FL 32819	En politic		- ST - ZIP	delate Sometany Denange MAddition
141; F	S LEMANE LADDI	[] DETELL	2 1 7 17	F	delete Secretary Ochange Addition Remove Lauri Levine & to Scott Levine
NAME	LEVINE, LORRI	IC RI VO #2216	2 2 NAA	ET ADDRESS	Remove Lanti Levine 1240
SEER LADDRESS	ODI ANDO EL 20040			-ST-ZIP	Scott Levine
COLY - ST - ZIP TITLE	OILD VIOLET COLOR	DELETE	3 1 717		Change Addition
N/CA.	E		3 2 NAN	E (V)	Dly Hang
STREET ADDRESS			33 ST	EET ADDRESS	7350 SmollakoCommons Blud., #2217
Cifn S4-ZiP			3 4 CIT	-SI-71P	
Ting f		DELETE	4 1 111		Change Addition
NAM:			4 2 NAN		
STREET ADDRESS				ET ADDRESS	
CU V St ZIP		ED DOLETO		-ST-ZIP	Change T Addition
10'01		DETEIF	5 1 7()		Change Addition
NAMI:			5 2 NAM		
STREET ACORESS				ET ADDRESS	
GRASUZP Till f		DELETE	6 1 Til	- S1 - ZIP	☐ Change ☐ Addition
NAMi		[] bittit	6 2 NAM	ĺ	
NAME STREET ADDRESS				EFT ADDRESS	
				-ST-ZIP	
CHY-SI-ZIF	A said that the inferration and	al with this files is not unbowle	6 walahad aad d	- or and	life for the execution stated in Section 119 07/3/k). Florida Statutes I further

I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(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: