FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 1. Corporation Name F95000006144 (8)

PHYSICIANS SELECT, INC.

FILED May 11 1998 8:00am Secretary of State



Principal Place of Business Mailing Address							O TOBRIDE OTHER DRIVE SPILL DRIVE	UDIR UDRE DURD UE		(B)) A1E1 19E1	
7350 SANDLAKE COMMONS BOULEVARD 7350 SANDLAKE COMMON					ILEV	ARD					
#2217		#2217	#2217				50 1107 11/50	· · · · · · · · · · · · · · · · · · ·			
ORLANDO F	L 32819	ORLANDO	ORLANDO FL 32819				DO NOT WRITE IN THIS SPACE				
							3. Date Incorporated or Qualified	•		[
9 Principal P	lace of Business	2a. Mailing	Address				12/18/1995 4. FEI Number		T 12		
	ide of Pasiness	- F∵-n ~	Alloibas						h	pplied For ot Applicable	
Suite, Apt.	# etc	Suite, Apt. #, etc.					59-3346859	— CO 75 Additional			
22	*	h1	27				5. Certificate of Status Desired	□ •		equired	
City & State	ө	City & State					6. Election Campaign Financing				
23		28						6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
Zip	Zip Country		Zip Cou								
24	25	29		30			Personal Property Tax due Jur] No	
	9. Name and Address of Curren	Registered A			Ι		10. Name and Address of New F	legistered Ager	nt		
KF	RAMER, ROBERT M ESQ				81	Name		-			
	000 HOLLYWOOD BLVD., #485 S				82	Ctroot	Address (P.O. Box Number is Not Accept	ablo)			
	OLLYWOOD FL 33021	•				Sireet	Address (r.o. Box Number is Not Accept	1D+ 0)			
					83						
						-					
					84	City		FL 8	Zip	Code	
11. Pursuant	to the provisions of Sections 607.0502	2 and 607.1508	Florida Statute	s, the al	bave	named	corporation submits this statement for the	purpose of cha	nging i	ts 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 type-Loc pented narse of registered agent and late if applicable (NOTE Registered Agent signature required when reinstating) DATE											
12.	OFFICERS ANI	DIRECTORS	The same of	13.			ADDITIONS/CHANGES TO OFF	ICERS AND DIR	ECTOR	RS IN 12	
TITLE	PTDC		DELETE	1.1 Tr	TLE				Change	☐ Addition	
NAME	LEVINE, SCOTT			1.2 N	AME						
STREET ADDRESS 7350 SANDLAKE COMMONS BLVD			1.3 STREET ADD			ADDRESS					
CITY-ST-ZIP	ORLANDO FL 32819			1.4 01	TY - \$1	Γ- 2 1Ρ];	
TITLE			DELETE	2.1 (1	TL F				Change	☐ Addition	
NAME				2.2 N/	ME						
STREET ADDRESS				2.3 \$1	REET.	ADDRESS				ı	
CITY-ST-ZIP				2.4 C	11Y-S	1 - ZIP					
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NAME				32 N/	AME						
STREET ADDRESS				3.3 ST	REET	ADDRESS					
CITY-ST-ZIP				34. C	ITY-S	T-ZIP					
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NAME				4 2 N	AME						
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CITY-ST-ZIP				4 4 CI	TY-S1	- Z IP					
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NAME				5 2 NA	AME		40000252	3704			
STREET ADDRESS				5 3 ST	REET	ADDRESS	40000252 -05/14/980108	33017			
CITY-ST-ZIP				5 4 CI			***150.00				
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NAME				6.2 NA	ME					W W	
STREET ADDRESS				6.3 ST	REET	ADDRESS				/, V//	
CITY-ST-ZIP				6.4 CI	TY-SI	ZIP				1 w)/]	
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Interest certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the informatio 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 eath; 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 anottachquent with an address.