FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

1/2

PROFIT CORPORATION ANNUAL REPORT **1997**

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

FILED
97 APR 28 AM 10: 32
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # F96000004998

1. Corporation Name
TOTAL PHYSICIAN SERVICES OF FLORIDA, INC.

Principal Place of Business / Mailing Address
30 Hillside Avenue
Springfield, NJ 07081

3. Date Incorporated or Qualified: 9/30/96
3a. Date of Last Report: n/a

2. Principal Place of Business
21 2900 N. MILITARY TRAIL
Suite, Apt. #, etc.
22 SUITE 100
City & State
23 BOCA RATON FL
Zip 24 33431 Country 25 ~~MIAMI BEACH~~

2a. Mailing Address
26 2900 N. MILITARY TRAIL
Suite, Apt. #, etc.
27 SUITE 100
City & State
28 BOCA RATON FL
Zip 29 33431 Country 30

4. FEI Number 65-0698213 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $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 ☒ Yes ☐ No

9. Name and Address of Current Registered Agent
Thomas A. Laurita
300 Arthur Godfrey Rd., #200
Miami Beach, FL 33140

10. Name and Address of New Registered Agent
81 Name: JAMES L. HARPER, JR.
82 Street Address (P.O. Box Number is Not Acceptable): 2900 N. MILITARY TRAIL
83 SUITE 100
84 City: BOCA RATON FL 85 Zip Code: 33431

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: James L Harper JAMES L. HARPER, JR. V.P., SEC. 4/24/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PDC	☒ DELETE
NAME	Thomas Laurita	
STREET ADDRESS	30 Hillside Avenue	
CITY-ST-ZIP	Springfield, NJ 07081	
TITLE	D	☒ DELETE
NAME	David B. Cohen	
STREET ADDRESS	30 Hillside Avenue	
CITY-ST-ZIP	Springfield, NJ 07081	
TITLE	D	☒ DELETE
NAME	Susan Bauer	
STREET ADDRESS	30 Hillside Avenue	
CITY-ST-ZIP	Springfield, NJ 07081	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	C/D	☐ Change ☒ Addition
1.2 NAME	Gary S. Feldstein	
1.3 STREET ADDRESS	2900 N. Military Trail Suite 100	
1.4 CITY-ST-ZIP	BOCA RATON FLORIDA 33431	
2.1 TITLE	P/D	☐ Change ☒ Addition
2.2 NAME	ANDREA M. BEUKO	
2.3 STREET ADDRESS	2900 N. MILITARY TRAIL SUITE 100	
2.4 CITY-ST-ZIP	BOCA RATON FLORIDA 33431	
3.1 TITLE	S	☐ Change ☒ Addition
3.2 NAME	JAMES L. HARPER, JR.	
3.3 STREET ADDRESS	2900 N. MILITARY TRAIL SUITE 100	
3.4 CITY-ST-ZIP	BOCA RATON FLORIDA 33431	
4.1 TITLE	T	☐ Change ☒ Addition
4.2 NAME	STEVEN W. DANSBY	
4.3 STREET ADDRESS	2900 N. MILITARY TRAIL SUITE 100	
4.4 CITY-ST-ZIP	BOCA RATON FLORIDA 33431	
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME	700002156147--0	
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. I do hereby 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 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: James L Harper JAMES L. HARPER, JR., SECRETARY 4/24/97 561-988-0100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

2/2

CSC THE UNITED STATES CORPORATION COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 345350 7128245

AUTHORIZATION :

COST LIMIT : $ 165.00 Patricia Pyritz

ORDER DATE : April 28, 1997

ORDER TIME : 9:22 AM

ORDER NO. : 345350-005

CUSTOMER NO: 7128245

CUSTOMER: Mr. James L. Harper
Total Physician Services,
Suite 100
2900 North Military Trail
Boca Raton, FL 33431

ANNUAL REPORT FILING

RECEIVED
97 APR 28 AM 10:44
DIVISION OF CORPORATION

NAME: TOTAL PHYSICIAN SERVICES OF FLORIDA, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Kathy Drake

EXAMINER'S INITIALS: _____