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

	Principal Place of Business	Mailing Address
2. / 2a.	21 2900 N. MILITARY TRAIL	26 2900 N. MILITARY TRAIL
Suite, Apt. #, etc.	22 SUITE 100	27 SUITE 100
City & State	23 BOCA RATON FL	28 BOCA RATON FL
Zip / Country	24 33431 / 25 ~~Foreign~~	29 33431 / 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PDC ☒ DELETE	1.1 TITLE	C/D ☐ Change ☒ Addition
NAME	Thomas Laurita	1.2 NAME	Gary S. Feldstein
STREET ADDRESS	30 Hillside Avenue	1.3 STREET ADDRESS	2900 N. Military Trail suite 100
CITY-ST-ZIP	Springfield, NJ 07081	1.4 CITY-ST-ZIP	BOCA RATON FLORIDA 33431
TITLE	D ☒ DELETE	2.1 TITLE	P/D ☐ Change ☒ Addition
NAME	David B. Cohen	2.2 NAME	ANDREA M. BEUKO
STREET ADDRESS	30 Hillside Avenue	2.3 STREET ADDRESS	2900 N. MILITARY TRAIL SUITE 100
CITY-ST-ZIP	Springfield, NJ 07081	2.4 CITY-ST-ZIP	BOCA RATON FLORIDA 33431
TITLE	D ☒ DELETE	3.1 TITLE	S ☐ Change ☒ Addition
NAME	Susan Bauer	3.2 NAME	JAMES L. HARPER, JR.
STREET ADDRESS	30 Hillside Avenue	3.3 STREET ADDRESS	2900 N. MILITARY TRAIL SUITE 100
CITY-ST-ZIP	Springfield, NJ 07081	3.4 CITY-ST-ZIP	BOCA RATON FLORIDA 33431
TITLE	☐ DELETE	4.1 TITLE	T ☐ Change ☒ Addition
NAME		4.2 NAME	STEVEN W. DANSBY
STREET ADDRESS		4.3 STREET ADDRESS	2900 N. MILITARY TRAIL SUITE 100
CITY-ST-ZIP		4.4 CITY-ST-ZIP	BOCA RATON FLORIDA 33431
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	700002156147--0
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 #

212

THE UNITED STATES CORPORATION COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 345350 7128245

AUTHORIZATION :

COST LIMIT : $ 165.00 Patricia Pyatt

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: _____