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

PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F96000004998 (8)

TOTAL PHYSICIAN SERVICES OF FLORIDA, INC.

98 APR 23 PM 2: 06

FILED

SECRETARY OF STATE TALLAHASSEE, FLORIDA



Principal Place of Business Mailing Address									
2900 N. MILITARY TRAIL 2900 N. MILITARY TRAIL					†				
SUITE 100 BOCA RATON FL 33431		SUITE 100 BOCA RATON FL 33431			DO NOT WRITE IN THIS SPACE				
DOOR INTOIT IE GOOD INTOIT INTOIT IE GOOD INTOIT INTOIT IE GOOD INTOIT INTOIT IE GOOD INTOIT IE GOOD INTOIT INTOIT IE GOOD INTOIT INTOIT INTOIT IE GOOD INTOIT IN					3. Date Incorporated or Qualified				
					09/30/1996				
2. Principal P	lace of Business	2a. Mailing Address		,	4. FEI Number		Ar	plied For	
21		26			65-0698213		No	t Applicable	
Sulte, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired	X		Additional	
22 27					5. Commodio or dialog Desireo		Fee Re	equired	
City & State					6. Election Campaign Financing		\$5.00		
23		28			Trust Fund Contribution	U		to Fees	
Zŧp	Country	Zip	Country		8. This corporation owes or has p	•		·· ·	
24	25 B. Name and Address of Curren	29 3	0		Personal Property Tax due Jur 10. Name and Address of New F			XI No	
		Luadisteleti Wilelli	81	Name			(gent		
HARPER, JR, JAMES L					RPORATION SERVICE COMPANY				
2900 N. MILITARY TRAIL			82	Street A	ddress (P.O. Box Number is Not Accept	able) 1 9			
SUITE 100				1201	HAIS STREET	7380	T 33==	m a ''	
1 60	CA RATON FL 33431		83			58.75	****1		
			84			FL	BS Zip	Code	
44 Durguant	to the provisions of Sactions 607.050	2 and 607 1508 Florida Statutos	the above	TALL	AHASSEE	FL curpose of	1 32,	301 –	
office or r	egistered agent, or built, in the State	of Florida, Such change was au	thorized by	the corp	corporation submits this statement for the oration's board of directors. I hereby acc	ept the app	ointment as	registered	
	manymar gitty aver gesept trisyolylige		Ų.	720	7 7				
SIGNATURE	Significate, typed or printed name of redistated systematics	u) and title if possicable (NOTE:	Rogistered Acc	nt signature s	equired when reinstating)	DATE	<u> 20</u>	10	
12,	OFFICERS AND		13.	in digitatoro	ADDITIONS/CHANGES TO OFF		DIRECTOR	RS IN 12	
TITLE	CD	DELETE	1.1 TITLE		CD		Change	Addition	
NAME	FELDSTEIN, GARY S		1.2 NAME		LINEHAN, STEVE				
STREET ADDRESS	2900 N. MILITARY TRAIL, #10	0	1.3 STREET		2900 N. MILITARY TRAI	L. STE.	. 100		
CITY-ST-ZIP	BOCA RATON FL 33431		1.4 CITY - ST		BOCA RATON, FL 33431			Í	
TITLE	PD	DELETE	2.1 TITLE		VT		Change	Addition	
NAME	BENKO, ANDREA M		2.2 NAME	- 1	ELLIS, JEFFREY R.				
STREET ADDRESS	2900 N. MILITARY TRAIL, #10	10	2.3 STREET		2900 N, MILITARY TRAI	L. STE	100		
CITY-ST-ZIP	BOCA RATON FL 33431		2.4 CITY-S		BOCA RATON, FL 33431	b, 515.	, 100	í	
TITLE	8	₩ DELETE	3.1 TITLE		VS		☐ Change	Addition	
NAME	HARPER, JR, JAMES L		3.2 NAME	İ	LERMAN, CATHY				
STREET ADORESS	2900 N. MILITARY TRAIL, #10	0	3.3 STREET		2900 N. MILITARY TRAI	L. STE.	. 100	ļ	
CITY-ST-ZIP	BOCA RATON FL 33431		3.4. CITY - S		BOCA RATON, FL 33431	_,		1	
TITLE	T	▼ DELETE	4.1 TITLE		V		Change	Addition	
NAME	DANSBY, STEVEN W		4. 2 NAME	ĺ	DOWLING, LYNN			ĺ	
STREET ADDRESS	2900 N. MILITARY TRAIL, #10	0	4.3 STREET		2900 N. MILITARY TRAIL	L, STE.	. 100		
CITY-ST-ZIP	BOCA RATON FL 33431		4.4 CITY- \$1		BOCA RATON, FL 33431	,			
TITLE		DELETE	51 TITLE			-	Change	Addition	
NAME		_	5.2 NAME				•		
STREET ADDRESS			5.3 STREET	ADDRESS				ļ	
CITY-ST-ZIP			5.4 CITY-S					0 -	
TITLE		DELETE	6.1 TITLE				Change J	AL WOWN	
NAME		- -	6.2 NAME				7	0/3/10	
STREET ADDRESS			6.3 STREET	ADDRESS			.1	12	
CITY_CT_7ID			C.A.O.TV. CI	TID			ч	i	

14. I 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 suppliemental 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 trusted 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:

(SLI) 988-0100 4-21-98