## 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 # F9700003043 (3)

TOTAL PHYSICIAN SERVICES, INC.

Principal Place of Business Mailing Address 2900 NORTH MILITARY TRAIL, STE 100 2900 NORTH MILITARY TRAIL. STE 100 **BOCA RATON FL 33431 BOCA RATON FL 33431** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified <u>05/29/1997</u> 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 13-3747308 26 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional X 5. Certificate of Status Desired Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 28 Trust Fund Contribution Added to Fees Zip Zip Country 8. This corporation owes or has paid the current year Intangible X Yes 24 25 29 30 Personal Property Tax due June 30. 9, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name 81 CORPORATION SERVICE COMPANY 1201 HAYS STREET 82 Street Address (P.O. Box Number is Not Acceptable) TALLAHASSEE FL 32301-2525 83 84 City 65 Zip Code

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 Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstaling) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. X DELETE 1.1 TITLE **K** Addition TITLE Channe ELLIS, JEFFREY R. BENKO, ANDREA NAME 1.2 NAME 2900 N. MILITARY TRAIL, STE. 100 2900 N. MILITARY TRAIL STE 100 1.3 STREET ADDRESS STREET ADDRESS **BOCA RATON FL** BOCA RATION, FL 33431 CITY-ST-ZIP 1.4 CITY-ST-ZIP **A** DELETÉ Change TITLE 21 TITLE LERMAN, CATHY WEIDNER, DANNA NAME 22 NAME 2900 N. MILITARY TRAIL, STE. 100 2900 N. MILITARY TRAIL STE 100 STREET ADDRESS 2.3 STREET ADDRESS **BOCA RATON FL** BOCA RATON, FL 33431 CITY-ST-ZIP 2.4 CITY-ST-ZIP Change **X** DELETE X Addition TITLE 3.1 TITLE LINEHAN, STEVE HARPER JR. JAMES L 3.2 NAME NAME 2900 N. MILITARY TRAIL, STE. 100 2900 N. MILITARY TRAIL STE 100 STREET ADDRESS 3.3 STREET ADDRESS **BOCA RATON FL** BOCA RATON, FL 33431 3.4. CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE TITLE 41 TITLE FELDSTEIN, GARY S NAME 4.2 NAME DOWLING, LYNN 2900 N. MILITARY TRAIL STE 100 2900 N. MILITARY TRAIL, STE. 100 STREET ADDRESS 4.3 STREET ADDRESS **BOCA RATON FL** CITY-ST-ZIP 4.4 CITY-ST-ZIP BOCA RATON, FL 33431 X DELETE Change Addition TITLE 5.1 TITLE BORIS, DAVID 5.2 NAME NAME 2900 N. MILITARY TRAIL STE 100 5.3 STREET ADDRESS STREET ADDRESS **BOCA RATON FL** 54 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE Change TITLE 61 TITLE CHALTIEL, VICTOR 6.2 NAME 2900 N. MILITARY TRAIL STE 100 6.3 STREET ADDRESS STREET ADDRESS **BOCA RATON FL** 6.4 CITY - ST - ZIP

14. I hereby certify that the information supplied with this filling 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:

Cato I. Term

4-21-94 (561)984-0100

**FILED** 

Apr 29 1998 8:00am

Secretary of State

R2E034 (10/97)