

File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY
ANNUAL REPORT
1998



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

98 MAY 28 AM 9:17

FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee
\$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE

Name and Mailing Address
of Limited Liability Company

DOCUMENT # L95000000283

QUALITY PHYSICIANS NETWORK L.C.
11380 PROSPERITY FARMS ROAD
SUITE 210-A
PALM BEACH GARDENS FL 33410

1a. Principal Place of Business Address

11380 PROSPERITY FARMS ROAD
SUITE 210-A
PALM BEACH GARDENS FL 33410

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

3. Date Organized or Qualified

3a. State of Formation

04/11/1995

FL

4. FEI Number

65-0594404

☐ Applied For

☐ Not Applicable

5. Date of Last Report

6. Certificate of Status Desired

02/13/1997

\$8.75 Additional Fee Required ☐

7. Name and Address of Current Registered Agent

8. Name and Address of New Registered Agent/Office

PROKOS, CRAIG
11380 PROSPERITY FARMS RD
STE 210-A
PALM BEACH GARDENS FL 33410

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, etc.

City

100002546001--4

-06/03/98--01053--018

****188.75 ****188.75

FL

Zip Code

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company 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 affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE

DATE

10. Title

Managing Members/Managers

Business Street Address

City, State and Zip Code

MGR

PROKOS, CRAIG

11380 PROSPERITY FARMS ROAD PALM BEACH GARDENS F

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #