

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **M77584 (4)**
1. Corporation Name
PHYSICIANS CONSULTANT AND MANAGEMENT CORPORATION



Principal Place of Business: **C/O LOUIS J. FALLETTA, 4414 WEST OAKLAND PARK BLVD., FORT LAUDERDALE FL 33313-1819**
Mailing Address: **C/O LOUIS J. FALLETTA, 8890 W OAKLAND PARK BLVD SUITE 300, FORT LAUDERDALE FL 33351, US**

3. Date Incorporated or Qualified: **04/15/1988**
3a. Date of Last Report: **04/27/1995**
4. FEI Number: **65-0052962**
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

2. Principal Place of Business: **21 1200 S. PINE ISLAND RD, 22 SUITE 800, 23 FORT LAUDERDALE, FL, 24 33324, 25 US**
2a. Mailing Address: **26 1200 S. PINE ISLAND RD, 27 SUITE 800, 28 FORT LAUDERDALE, FL, 29 33324, 30 US**

9. Name and Address of Current Registered Agent: **FALLETTA, LOUIS J., 8890 WEST OAKLAND PARK BLVD, SUITE 300, FT. LAUDERDALE FL 33351**
10. Name and Address of New Registered Agent: **81 Name: FALLETTA, LOUIS J., 82 Street Address (P.O. Box Number is Not Acceptable): 1200 S. PINE ISLAND RD., 83 SUITE 800, 84 City: FORT LAUDERDALE, FL 85 Zip Code: 33324**

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 107.0203, Florida Statutes.

SIGNATURE: *[Signature]* DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD	FALETTA, LOUIS J.	1 1 TITLE: PD	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
NAME: FALETTA, LOUIS J.	8890 W. OAKLAND PARK BLVD. SUITE 300	1 2 NAME: FALETTA, LOUIS, J.	
STREET ADDRESS: 8890 W. OAKLAND PARK BLVD.	FT. LAUDERDALE FL	1 3 STREET ADDRESS: 1200 S. PINE ISLAND RD. SUITE 800	
CITY-ST-ZIP: FT. LAUDERDALE FL		1 4 CITY-ST-ZIP: FORT LAUDERDALE, FL 33324	
TITLE: VD	FALLETTA, BARBARA A	2 1 TITLE: VD	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
NAME: FALLETTA, BARBARA A	8890 W. OAKLAND PARK BLVD	2 2 NAME: FALLETTA, BARBARA A.	
STREET ADDRESS: 8890 W. OAKLAND PARK BLVD	FT. LAUDERDALE FL	2 3 STREET ADDRESS: 1200 S. PINE ISLAND RD. SUITE 800	
CITY-ST-ZIP: FT. LAUDERDALE FL		2 4 CITY-ST-ZIP: FORT LAUDERDALE, FL 33324	
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STREET ADDRESS: [] DELETE		4 3 STREET ADDRESS: [] Change [] Addition	
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NAME: [] DELETE		6 2 NAME: [] Change [] Addition	
STREET ADDRESS: [] DELETE		6 3 STREET ADDRESS: [] Change [] Addition	
CITY-ST-ZIP: [] DELETE		6 4 CITY-ST-ZIP: [] Change [] Addition	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *[Signature]* DATE: **4-19-96** DURING PHONE: **954 4243771**

CRE034 (12/95)