

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

FILED
Jul 16 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # M77584 (4)
 1. Corporation Name
PHYSICIANS CONSULTANT AND MANAGEMENT CORPORATION



Principal Place of Business 1200 S. PINE ISLAND ROAD SUITE 800 FORT LAUDERDALE FL 33324 US	Mailing Address 1200 SOUTH PINE ISLAND ROAD SUITE 800 FORT LAUDERDALE FL 33324 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 777 So. Flagler Drive Suite, Apt. #, etc. 22 Suite 1000E City & State 23 West Palm Beach, FL 33401 Zip 24 33401 Country 25 USA	2a. Mailing Address 26 777 So. Flagler Drive Suite, Apt. #, etc. 27 Suite 1000E City & State 28 West Palm Beach, FL 33401 Zip 29 33401 Country 30 USA
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3. Date Incorporated or Qualified 04/15/1988	4. FEI Number 65-0052962	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

g. Name and Address of Current Registered Agent
FALLETTA, LOUIS J.
1200 S. PINE ISLAND ROAD
SUITE 800
FT. LAUDERDALE FL 33324

10. Name and Address of New Registered Agent
 81 Name **(Denise Schumann)**
 82 Street Address (P.O. Box Number is Not Acceptable)
777 So. Flagler Drive
Suite 1000E
 84 City **West Palm Beach** FL 85 Zip Code **33401**

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 *Denise Schumann* DATE **June 29 1998**

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	FALETTA, LOUIS J.	
STREET ADDRESS	1200 S PINE ISLAND ROAD #800	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	ALEXANDER, GEORGE	
STREET ADDRESS	1200 S PINE ISLAND RD SUITE 800	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	777 So Flagler Drive, Suite 1000E
1.4 CITY-ST-ZIP	West Palm Beach, FL 33401
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Robert F. Walshon
3.3 STREET ADDRESS	777 So. Flagler Drive, Suite 1000E
3.4 CITY-ST-ZIP	West Palm Beach, FL 33401
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Gregory F. Gardner
4.3 STREET ADDRESS	777 So. Flagler Drive, Suite 1000E
4.4 CITY-ST-ZIP	West Palm Beach, FL 33401
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Frederick R. Leathers
5.3 STREET ADDRESS	777 So. Flagler Drive, Suite 1000E
5.4 CITY-ST-ZIP	West Palm Beach, FL 33401
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Denise Schumann
6.3 STREET ADDRESS	777 So. Flagler Drive, Suite 1000E
6.4 CITY-ST-ZIP	West Palm Beach, FL 33401

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 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: *Denise Schumann* DATE **June 29 1998** **655-3500**

CR2E034 (10/97)