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**FILED**  
**Apr 29, 1999 8:00 am**  
**Secretary of State**

04-29-1999 90225 044 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # M77584**

1. Corporation Name  
**PHYSICIANS CONSULTANT AND MANAGEMENT CORPORATION**

Principal Place of Business 777 S FLAGLER DR STE 1000E WEST PALM BEACH FL 33401 US	Mailing Address 777 S FLAGLER DR STE 1000E WEST PALM BEACH FL 33401 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 3801 PGA Boulevard Suite, Apt. #, etc. 22 Suite 901 City & State 23 Palm Beach Gardens FL Zip Country 24 33410 25 U.S.A.	2a. Mailing Address 26 3801 PGA Boulevard Suite, Apt. #, etc. 27 Suite 901 City & State 28 Palm Beach Gardens, FL Zip Country 29 33410 30 U.S.A.
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3. Date Incorporated or Qualified 04/15/1988	4. FEI Number 65-0052962	Applied For 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 the current year Intangible Personal Property Tax.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

SCHUMANN, DENISE  
 777 S FLAGLER DR  
 STE 1000E  
 WEST PALM BEACH FL 33401

10. Name and Address of New Registered Agent

81 Name Nguyen, Do Quyen T.
82 Street Address (P.O. Box Number is Not Acceptable) 3801 PGA Boulevard
83 Suite 901
84 City Palm Beach Gardens FL 85 Zip Code 33410

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 *Do Quyen T. Nguyen* Do Quyen T. Nguyen 4/26/99  
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling) DATE

12. OFFICERS AND DIRECTORS

TITLE PD	FALETTA, LOUIS J.	<input type="checkbox"/> DELETE
STREET ADDRESS 777 S FLAGLER DR STE 1000E	WEST PALM BEACH FL 33401	
TITLE CEO	WALSHON, ROBERT F.	<input type="checkbox"/> DELETE
STREET ADDRESS 777 S FLAGLER DR STE 1000E	WEST PALM BEACH FL 33401	
TITLE EVP	GARDNER, GREGORY F.	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS 777 S FLAGLER DR STE 1000E	WEST PALM BEACH FL 33401	
TITLE CFO	LEATHERS, FREDERICK R.	<input type="checkbox"/> DELETE
STREET ADDRESS 777 S FLAGLER DR STE 1000E	WEST PALM BEACH FL 33401	
TITLE S	SCHUMANN, DENISE	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS 777 S FLAGLER DR STE 1000E	WEST PALM BEACH FL 33401	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME Falletta, Louis J.	
1.3 STREET ADDRESS 3801 PGA Boulevard, Suite 901	
1.4 CITY-ST-ZIP Palm Beach Gardens, FL 33410	
2.1 TITLE CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME Walshon, Robert F.	
2.3 STREET ADDRESS 3801 PGA Boulevard, Suite 901	
2.4 CITY-ST-ZIP Palm Beach Gardens, FL 33410.	
3.1 TITLE CFO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME Leathers, Frederick R.	
3.3 STREET ADDRESS 3801 PGA Boulevard, Suite 901	
3.4 CITY-ST-ZIP Palm Beach Gardens, FL 33410	
4.1 TITLE S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME Nguyen, Do Quyen T.	
4.3 STREET ADDRESS 3801 PGA Boulevard, Suite 901	
4.4 CITY-ST-ZIP Palm Beach Gardens, FL 33410	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 in an attachment with an address, with all other title empowered.

SIGNATURE *Louis J. Falletta* Louis J. Falletta, 4/26/99, (561) 776-7159  
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)