

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

APPROVED  
AND  
FILED

96 OCT -3 PM 2:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N50804

(6)

1. Corporation Name

PALMETTO PHYSICIAN ASSOCIATION, INC.



100001977271-3

-10/16/96--01074--002

\*\*\*\*\*70.00 \*\*\*\*\*70.00

Principal Place of Business

Mailing Address

7150 WEST 20TH AVENUE  
SUITE 412  
HIALEAH FL 33016  
US

7150 W. 20TH AVE.  
STE. 412  
HIALEAH FL 33016  
US

3. Date Incorporated or Qualified  
09/11/1992

3a. Date of Last Report  
07/24/1995

2. Principal Place of Business

2a. Mailing Address

21 7100 W. 20th Av

26 7100 W. 20th Av

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 G-179

27 G-179

City & State

City & State

23 Hialeah, FL

28 Hialeah, FL

Zip

Country

Zip

Country

24 33016

25 U.S.

29 33016

30 US

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name GEORGE FAYE

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

83 2001 W. 68th St.

84 City Hialeah

85 FL

86 Zip Code 33016

87

WEISMAN, DAVID J  
7150 W 20TH AVE  
STE 412  
HIALEAH FL 33016

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETED
	GARCIA, ONELO, JR.	7150 W. 20TH AVE	HIALEAH FL	<input checked="" type="checkbox"/>
	GOLDMAN, EDWARD	7150 W. 20TH AVE SUITE 412	HIALEAH FL	<input checked="" type="checkbox"/>
	KOREMEN, NEIL	7150 W. 20TH AVEN SUITE 412	HIALEAH FL	<input checked="" type="checkbox"/>
	FERNANDEZ, ERIC	7150 W. 20TH AVE SUITE 412	HIALEAH FL	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	1.5
Chairman of Pro	DR. Alvin Graybeet	7100 W. 20th Av	Hialeah, FL 33016	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
Member	DR. STEVE NYDER	7100 W. 20th Av	Hialeah, FL 33016	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
Member	DR. Mario Gonzalez	7100 W. 20th Av	Hialeah, FL 33016	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
Member	DR. STEVEN FIELDS	7100 W. 20th Av	Hialeah, FL 33016	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE REQUIRED

7/12/96

(305) 820-9800

Date

Daytime Phone #

0006442

CR2E037 (3/96)