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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # N50804 (6)

1. Corporation Name
PALMETTO PHYSICIAN ASSOCIATION, INC.

[redacted]

Principal Place of Business	Mailing Address
~~7100 W. 20TH AV~~ ~~G 179~~ ~~HIALEAH FL 33016~~ ~~US~~	~~7100 W. 20TH AV~~ ~~G 179~~ ~~HIALEAH FL 33016~~ ~~US~~

3. Date Incorporated or Qualified: 09/11/1992

4. FEI Number: 65-0442068 — Applied For / Not Applicable

2. Principal Place of Business
21 7150 W. 20TH AVE
Suite, Apt. #, etc.
22 # 412
City & State
23 HIALEAH FL
Zip 24 33016 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
~~FOYER, GEORGE~~
~~2001 W 68TH ST.~~
~~HIALEAH FL 33016~~

10. Name and Address of New Registered Agent
61 Name: Alvaro I. Martinez, M.D.
62 Street Address (P.O. Box Number is Not Acceptable): 7150 W 20th avenue #412
63
84 City: Hialeah FL 85 Zip Code: 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: Alvaro I Martinez MD — 3/6/98
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	CD	☒ DELETE
NAME	GRAUBERT, ALAN DR	
STREET ADDRESS	7100 W. 20TH AVE	
CITY-ST-ZIP	HIALEAH FL 33016	
TITLE	D	☒ DELETE
NAME	NADLER, STEVE DR	
STREET ADDRESS	7100 W. 20TH AV	
CITY-ST-ZIP	HIALEAH FL 33016	
TITLE	D	☒ DELETE
NAME	GONZALEZ, MARIO DR	
STREET ADDRESS	7100 W. 20TH AV	
CITY-ST-ZIP	HIALEAH FL 33016	
TITLE	D	☐ DELETE
NAME	FIELDS, STEVEN DR	
STREET ADDRESS	7100 W. 20TH AV	
CITY-ST-ZIP	HIALEAH FL 33016	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	MD	☒ Change ☒ Addition
1.2 NAME	Fernandez, Eric, M.D.	
1.3 STREET ADDRESS	7100 W. 20TH Av	
1.4 CITY-ST-ZIP	Hialeah, FL 33016	
2.1 TITLE	D	☒ Change ☒ Addition
2.2 NAME	Capote, Pedro, M.D.	
2.3 STREET ADDRESS	7100 W. 20 Ave.	
2.4 CITY-ST-ZIP	Hialeah, FL 33016	
3.1 TITLE	D	☒ Change ☒ Addition
3.2 NAME	Campos, Jaime, M.D.	
3.3 STREET ADDRESS	7100 W. 20 Ave.	
3.4 CITY-ST-ZIP	Hialeah, FL 33016	
4.1 TITLE	CD	☐ Change ☒ Addition
4.2 NAME	Comperatore, Roberto, M.D.	
4.3 STREET ADDRESS	7100 W. 20 Ave.	
4.4 CITY-ST-ZIP	Hialeah, FL 33016	
5.1 TITLE	D	☐ Change ☒ Addition
5.2 NAME	Mendez, Kevin, M.D.	
5.3 STREET ADDRESS	7100 W. 20 Ave.	
5.4 CITY-ST-ZIP	Hialeah, FL 33016	
6.1 TITLE	100002464051	☐ Change ☐ Addition
6.2 NAME	-03/20/98--01113--015	
6.3 STREET ADDRESS	***61725	
6.4 CITY-ST-ZIP		

3/6/20

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Roberto Comperatore MD Director Chairman of TRA — 3/6/98 — 305-362-1982