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FILED
Aug 12 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N95000005421 (1)

1. Corporation Name

KENDALL PHYSICIAN ALLIANCE, INC.

Principal Place of Business

Mailing Address

C/O SOPHIA PERIALAS MANAGED CARE DEPT
401 NW 42ND AVE
PLANTATION FL 33317

C/O SOPHIA PERIALAS MANAGED CARE DEPT
401 NW 42ND AVE
PLANTATION FL 33317-2835



3. Date Incorporated or Qualified
11/13/1995

3a. Date of Last Report
04/15/1996

2. Principal Place of Business

2a. Mailing Address

21 *Dr Blake Campbell*

26 *Dr Blake Campbell*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 *4101 S. Hospital Drive Ste 11*

4101 S. Hospital Dr Ste 11

City & State

City & State

23 *Plantation FL Ste 11*

Plantation FL

24 *33317*

Country

USA

29 *33317*

Country

USA

4. FEI Number

APPLIED FOR 65-0646608

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FARRELL, JAMES A
250 AUSTRALIAN AVE
SUITE 500
WEST PALM BEACH FL 33401

81 Name

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

83

84 City

FL

85 Zip Code

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 ☐ DELETE
NAME DP
STREET ADDRESS GEADA, LUIS G M.D.
CITY-ST-ZIP 3821 SW 107TH AVE
MIAMI FL 33185

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME DV
STREET ADDRESS NEGRET, LORENZO M.D.
CITY-ST-ZIP 11880 BIRD RD SUITE 304
MIAMI FL 33175

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME DST
STREET ADDRESS PLASCENCIA, LUIS M.D.
CITY-ST-ZIP 8741 CORAL WAY
MIAMI FL 33165

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME D
STREET ADDRESS PASTORIZA, JORGE M.D.
CITY-ST-ZIP 9193 SW 72 ST SUITE 210
MIAMI FL 33173

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME D
STREET ADDRESS FIGAROLA, OSCAR M.D.
CITY-ST-ZIP 701 NW 57TH AVE SUITE 381
MIAMI FL 33126

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME D
STREET ADDRESS PIMENTEL, FRANKLIN
CITY-ST-ZIP P O BOX 141218
CORAL GABLES FL 33114-1218

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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.

CR2E037 (9/96)