

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS**FILED**
Apr 02, 1999 8:00 am
Secretary of State

04-02-1999 90081 037 ****61.25

DOCUMENT # N95000005421

1. Corporation Name

KENDALL PHYSICIAN ALLIANCE, INC.

Principal Place of Business

4101 S HOSPITAL DR
STE 11
PLANTATION FL 33317
US

Mailing Address

4101 S HOSPITAL DR
STE 11
PLANTATION FL 33317
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

3. Date Incorporated or Qualified

11/13/1995

4. FEI Number

65-0646608

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required6. Election Campaign Financing ☐**\$5.00** May Be
Added to Fees

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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

TITLE DP
NAME GEADA, LUIS G M.D.
STREET ADDRESS 3821 SW 107TH AVE
CITY-ST-ZIP MIAMI FL 33165☐ DELETETITLE DV
NAME NEGRET, LORENZO M.D.
STREET ADDRESS 11880 BIRD RD SUITE 304
CITY-ST-ZIP MIAMI FL 33175☐ DELETETITLE DST
NAME PLASCENCIA, LUIS M.D.
STREET ADDRESS 8741 CORAL WAY
CITY-ST-ZIP MIAMI FL 33165☐ DELETETITLE D
NAME PASTORIZA, JORGE M.D.
STREET ADDRESS 9193 SW 72 ST SUITE 210
CITY-ST-ZIP MIAMI FL 33173☒ DELETETITLE D
NAME FIGAROLA, OSCAR M.D.
STREET ADDRESS 701 NW 57TH AVE SUITE 381
CITY-ST-ZIP MIAMI FL 33126☐ DELETETITLE D
NAME PIMENTEL, FRANKLIN
STREET ADDRESS P O BOX 141218
CITY-ST-ZIP CORAL GABLES FL 33114-1218☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

3/27/99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037- (11/98)