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Apr 07 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N95000005592 (9)**

1. Corporation Name

**DEERING PHYSICIAN ALLIANCE, INC.**



Principal Place of Business

Mailing Address

**9333 SW 152ND STREET  
ATT: JOHN MCADORY M.D.  
MIAMI FL 33157**

**4101 S. HOSPITAL DRIVE  
SUITE 11  
PLANTATION FL 33317-2830**

3. Date Incorporated or Qualified **11/22/1995** 3a. Date of Last Report **11/26/1996**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number <b>65-0641401</b>		Applied For <input type="checkbox"/> Not Applicable	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
22 City & State		27 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
23 Zip		28 Zip		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
24 Country		29 Country		30			

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FARRELL, JAMES A ESQ.  
250 AUSTRALIAN AVENUE SOUTH  
STE 500  
WEST PALM BEACH FL 33401**

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DITKOWSKY, WILLIAM MD</b>	1.2 NAME	
STREET ADDRESS	<b>C/O 9333 SW 152ND STREET</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>MIAMI FL 33157</b>	1.4 CITY - ST - ZIP	
TITLE	<b>VD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FELDMAN, MICHAEL DO</b>	2.2 NAME	
STREET ADDRESS	<b>C/O 9333 SW 152ND STREET</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>MIAMI FL 33157</b>	2.4 CITY - ST - ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GREGORIAN, MICHAEL MD</b>	3.2 NAME	
STREET ADDRESS	<b>C/O 9333 SW 152ND STREET</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>MIAMI FL 33157</b>	3.4 CITY - ST - ZIP	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<b>President +</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GOMEZ, EDDUNIO MD</b>	4.2 NAME	<b>John McAdory, M.D.</b>
STREET ADDRESS	<b>C/O 9333 SW 152ND STREET</b>	4.3 STREET ADDRESS	<b>9380 SW 150th Street #100</b>
CITY - ST - ZIP	<b>MIAMI FL 33157</b>	4.4 CITY - ST - ZIP	<b>Miami FL 33030</b>
TITLE	<b>STD</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROSENTHAL, MARK DO</b>	5.2 NAME	
STREET ADDRESS	<b>C/O 9333 SW 152ND STREET</b>	5.3 STREET ADDRESS	
CITY - ST - ZIP	<b>MIAMI FL 33157</b>	5.4 CITY - ST - ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HERNANDEZ, OSCAR MD</b>	6.2 NAME	
STREET ADDRESS	<b>C/O 9333 SW 152ND STREET</b>	6.3 STREET ADDRESS	
CITY - ST - ZIP	<b>MIAMI FL 33157</b>	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.

SIGNATURE: **Sophia Serilas - Regional Executive Director** 3-26-97 (954) 321-2525

CR2E037 (9/96)