

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Aug 20, 1999 8:00 am
Secretary of State

08-20-1999 90003 048 ****61.25

DOCUMENT # N95000005592

1. Corporation Name

DEERING PHYSICIAN ALLIANCE, INC.

Principal Place of Business

4101 S. HOSPITAL DR
SUITE 11
PLANTATION FL 33317
US

Mailing Address

4101 S. HOSPITAL DRIVE
SUITE 11
PLANTATION FL 33317



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

11/22/1995

4. FEI Number

65-0641401

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

9. Name and Address of Current Registered Agent

FARRELL, JAMES A ESQ.
250 AUSTRALIAN AVENUE SOUTH
STE 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 **STD** ☐ DELETE
NAME **DITKOWSKY, WILLIAM MD**
STREET ADDRESS **9275 SW 152 ST, SUITE 212**
CITY-ST-ZIP **MIAMI FL 33157**

TITLE **D** ☐ DELETE
NAME **FELDMAN, MICHAEL DO**
STREET ADDRESS **C/O 9333 SW 152ND STREET**
CITY-ST-ZIP **MIAMI FL 33157**

TITLE **D** ☐ DELETE
NAME **GREGORIAN, MICHAEL MD**
STREET ADDRESS **C/O 9333 SW 152ND STREET**
CITY-ST-ZIP **MIAMI FL 33157**

TITLE **D** ☐ DELETE
NAME **MCADORY, JOHN M**
STREET ADDRESS **9380 SW 150TH STREET #100**
CITY-ST-ZIP **MIAMI FL 33176**

TITLE **D** ☐ DELETE
NAME **ROSENTHAL, MARK DO**
STREET ADDRESS **C/O 9333 SW 152ND STREET**
CITY-ST-ZIP **MIAMI FL 33157**

TITLE **D** ☐ DELETE
NAME **HERNANDEZ, OSCAR MD**
STREET ADDRESS **C/O 9333 SW 152ND STREET**
CITY-ST-ZIP **MIAMI FL 33157**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PRESIDENT** ☐ Change ☒ Addition
1.2 NAME **Heriberto Peña MD**
1.3 STREET ADDRESS **950 N. Krome Ave., Suite 401**
1.4 CITY-ST-ZIP **Homestead FL 33030**

2.1 TITLE **VICE PRESIDENT** ☐ Change ☒ Addition
2.2 NAME **STUART JOSEPH, MD**
2.3 STREET ADDRESS **9380 SW 150 ST., SUITE 290**
2.4 CITY-ST-ZIP **MIAMI, FL - 33176**

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: **X** SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/99)