


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Sep 12 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000002105 (2)**

1. Corporation Name

PHYSICIANS CHOICE IPA, INC.

Principal Place of Business

Mailing Address

**5300 W. ATLANTIC AVENUE
DELRAY BEACH FL 33484**

**5300 W. ATLANTIC AVENUE
DELRAY BEACH FL 33484**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 04/17/1996	3a. Date of Last Report
4. FEI Number	<input checked="" type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 c/o Dr. B. Davis 951 NW 13th St, Suite, Apt. #, etc. 22 Suite 2A City & State 23 Boca Raton FL Zip 24 33486	2a. Mailing Address 26 c/o Dr. B. Davis 951 NW 13th St Suite, Apt. #, etc. 27 Suite 2A City & State 28 Boca Raton Zip 29 33486
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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FIELDS, GARY D
4400 PGA BOULEVARD
SUITE 700 - ADMIRALTY TOWER
PALM BEACH GARDENS FL 33410**

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	SD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLANCO, JACK M.D.	1.2 NAME	
STREET ADDRESS	951 N.W. 13TH STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33486	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BREUER, NICOLAS R M.D.	2.2 NAME	
STREET ADDRESS	1000 N.W. 9TH COURT, SUITE 102	2.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33486	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, BARRY M.D.	3.2 NAME	
STREET ADDRESS	951 N.W. 13TH STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33486	3.4 CITY-ST-ZIP	
TITLE	CD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GELFMAN, CHARLES M.D.	4.2 NAME	
STREET ADDRESS	801 MEADOWS ROAD	4.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33486	4.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEVERT, DAVID B M.D.	5.2 NAME	
STREET ADDRESS	900 GLADES ROAD, 4TH FLOOR	5.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33431	5.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PROSCIA, VITO M.D.	6.2 NAME	
STREET ADDRESS	1001 N.W. 13TH STREET	6.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33486	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 **DR. B. DAVIS** SIGNATURE **DR. B. DAVIS** DATE **9/12/97**

CR2E037 (4/97)