


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 <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N96000002105 (2)**  
 1. Corporation Name  
**PHYSICIANS CHOICE IPA, INC.**



Principal Place of Business 5300 W. ATLANTIC AVENUE DELRAY BEACH FL 33484	Mailing Address 5300 W. ATLANTIC AVENUE DELRAY BEACH FL 33484
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c/o Dr. B. Davis		c/o Dr. B. Davis	
2. Principal Place of Business 21 951 NW 13th St	2a. Mailing Address 28 951 NW 13th St	3. Date incorporated or Qualified 04/17/1996	3a. Date of Last Report
22 Suite, Apt. #, etc. Suite 2A	27 Suite, Apt. #, etc. Suite 2A	4. FEI Number	<input checked="" type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
23 City & State Boca Raton FL	28 City & State Boca Raton	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
24 Zip 33486	25 Country USA	29 Zip 33486	30 Country <del>FL</del>
22 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			

DO NOT WRITE IN THIS SPACE

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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

TITLE	SD	<input type="checkbox"/> DELETE
NAME	BLANCO, JACK M.D.	
STREET ADDRESS	951 N.W. 13TH STREET	
CITY-ST-ZIP	BOCA RATON FL 33486	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BREUER, NICOLAS R M.D.	
STREET ADDRESS	1000 N.W. 9TH COURT, SUITE 102	
CITY-ST-ZIP	BOCA RATON FL 33486	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DAVIS, BARRY M.D.	
STREET ADDRESS	951 N.W. 13TH STREET	
CITY-ST-ZIP	BOCA RATON FL 33486	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	GELFMAN, CHARLES M.D.	
STREET ADDRESS	801 MEADOWS ROAD	
CITY-ST-ZIP	BOCA RATON FL 33486	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	HEVERT, DAVID B M.D.	
STREET ADDRESS	900 GLADES ROAD, 4TH FLOOR	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	PROSCIA, VITO M.D.	
STREET ADDRESS	1001 N.W. 13TH STREET	
CITY-ST-ZIP	BOCA RATON FL 33486	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12:

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE \_\_\_\_\_

CR2E037 (4/97)