


**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 <b>5300 W. ATLANTIC AVENUE DELRAY BEACH FL 33484</b>	Mailing Address <b>5300 W. ATLANTIC AVENUE DELRAY BEACH FL 33484</b>
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Principal Place of Business <b>c/o Dr. B. Davis 951 NW 13th St, Suite 2A Boca Raton FL 33486</b>		Mailing Address <b>c/o Dr. B. Davis 951 NW 13th St, Suite 2A Boca Raton 33486</b>	
21	22	27	28

**DO NOT WRITE IN THIS SPACE**

3. Date incorporated or Qualified <b>04/17/1996</b>	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"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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	

g. Name and Address of Current Registered Agent <b>FIELDS, GARY D 4400 PGA BOULEVARD SUITE 700 - ADMIRALTY TOWER PALM BEACH GARDENS FL 33410</b>			
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>SD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BLANCO, JACK M.D.</b>	1.2 NAME	
STREET ADDRESS	<b>951 N.W. 13TH STREET</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BOCA RATON FL 33486</b>	1.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BREUER, NICOLAS R M.D.</b>	2.2 NAME	
STREET ADDRESS	<b>1000 N.W. 9TH COURT, SUITE 102</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BOCA RATON FL 33486</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>DAVIS, BARRY M.D.</b>	3.2 NAME	
STREET ADDRESS	<b>951 N.W. 13TH STREET</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BOCA RATON FL 33486</b>	3.4 CITY-ST-ZIP	
TITLE	<b>CD</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GELFMAN, CHARLES M.D.</b>	4.2 NAME	
STREET ADDRESS	<b>801 MEADOWS ROAD</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BOCA RATON FL 33486</b>	4.4 CITY-ST-ZIP	
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HEVERT, DAVID B M.D.</b>	5.2 NAME	
STREET ADDRESS	<b>900 GLADES ROAD, 4TH FLOOR</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BOCA RATON FL 33431</b>	5.4 CITY-ST-ZIP	
TITLE	<b>TD</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PROSCIA, VITO M.D.</b>	6.2 NAME	
STREET ADDRESS	<b>1001 N.W. 13TH STREET</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BOCA RATON FL 33486</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 \_\_\_\_\_ SIGNATURE REQUIRED BY \_\_\_\_\_

CR2E037 (4/97)