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Feb 10 1998 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N96000002105 (2)

1. Corporation Name

PHYSICIANS CHOICE IPA, INC.



Principal Place of Business

Mailing Address

% DR B. DAVIS  
951 NW 15TH ST #2A  
BOCA RATON FL 33486  
US

% DR B. DAVIS  
951 NW 13TH ST #2A  
BOCA RATON FL 33486  
US

3. Date Incorporated or Qualified

04/17/1996

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Barry Davis M.D.  
Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 951 NW 13th St, 2A  
City & State

27 City & State

23 Boca Raton FL  
Zip

28 City & State

24 33486 Country  
25 Palm Beach

29 Zip

Country

30 Country

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐ \$5.00 May Be  
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐ Yes ☒ No

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE SD  
NAME BLANCO, JACK M.D.  
STREET ADDRESS 951 N.W. 13TH STREET  
CITY-ST-ZIP BOCA RATON FL 33486

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE D  
NAME BREUER, NICOLAS R M.D.  
STREET ADDRESS 1000 N.W. 9TH COURT, SUITE 102  
CITY-ST-ZIP BOCA RATON FL 33486

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE D  
NAME DAVIS, BARRY M.D.  
STREET ADDRESS 951 N.W. 13TH STREET  
CITY-ST-ZIP BOCA RATON FL 33486

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE CD  
NAME GELFMAN, CHARLES M.D.  
STREET ADDRESS 801 MEADOWS ROAD  
CITY-ST-ZIP BOCA RATON FL 33486

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE PD  
NAME HEVERT, DAVID B M.D.  
STREET ADDRESS 900 GLADES ROAD, 4TH FLOOR  
CITY-ST-ZIP BOCA RATON FL 33431

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE TD  
NAME PROSCIA, VITO M.D.  
STREET ADDRESS 1001 N.W. 13TH STREET  
CITY-ST-ZIP BOCA RATON FL 33486

6.1 TITLE  
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.

SIGNATURE:

Sandra B. Mortham 2/10/98 561 391 1666

CR2E037 (10/97)