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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
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DOCUMENT # N96000002105 (2)
 1. Corporation Name
PHYSICIANS CHOICE IPA, INC.



Principal Place of Business % DR B. DAVIS 951 NW 15TH ST #2A BOCA RATON FL 33486 US	Mailing Address % DR B. DAVIS 951 NW 13TH ST #2A BOCA RATON FL 33486 US
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3. Date Incorporated or Qualified
04/17/1996

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
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21. Principal Place of Business Barry Davis M.D. Suite, Apt. #, etc. 951 NW 13th St, 2A City & State Boca Raton FL Zip 33486	2a. Mailing Address Suite, Apt. #, etc. City & State Palm Beach Zip 33486
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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

**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 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)