

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS**FILED**  
**May 08, 1999 8:00 am**  
**Secretary of State**

05-08-1999 90009 012 \*\*\*\*61.25

**DOCUMENT # N96000002105**

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

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		04/17/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		NOT APPLICABLE	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		Trust Fund Contribution	
24		29		30	
Country		Country			
25		30			

## 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

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 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)

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