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May 08, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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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
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 04/17/1996
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number NOT APPLICABLE Applied For Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
Country 25	Zip 29	Country 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 FL 85 Zip Code
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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	NAME BLANCO, JACK M.D.	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 951 N.W. 13TH STREET	CITY-ST-ZIP BOCA RATON FL 33486	1.2 NAME	
TITLE D <input type="checkbox"/> DELETE	NAME BREUER, NICOLAS R M.D.	1.3 STREET ADDRESS	
STREET ADDRESS 1000 N.W. 9TH COURT, SUITE 102	CITY-ST-ZIP BOCA RATON FL 33486	1.4 CITY-ST-ZIP	
TITLE D <input type="checkbox"/> DELETE	NAME DAVIS, BARRY M.D.	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 951 N.W. 13TH STREET	CITY-ST-ZIP BOCA RATON FL 33486	2.2 NAME	
TITLE CD <input type="checkbox"/> DELETE	NAME GELFMAN, CHARLES M.D.	2.3 STREET ADDRESS	
STREET ADDRESS 801 MEADOWS ROAD	CITY-ST-ZIP BOCA RATON FL 33486	2.4 CITY-ST-ZIP	
TITLE PD <input type="checkbox"/> DELETE	NAME HEVERT, DAVID B M.D.	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 900 GLADES ROAD, 4TH FLOOR	CITY-ST-ZIP BOCA RATON FL 33431	3.2 NAME	
TITLE TD <input type="checkbox"/> DELETE	NAME PROSCIA, VITO M.D.	3.3 STREET ADDRESS	
STREET ADDRESS 1001 N.W. 13TH STREET	CITY-ST-ZIP BOCA RATON FL 33486	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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

4/27/98 561-3911666

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)