

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED  
Aug 31 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N97000004985 (4)**

1. Corporation Name

**PARTNERS HEALTH SYSTEMS, INC.**

Principal Place of Business

Mailing Address

**250 DIXIE BLVD., STE. 203  
DELRAY BEACH FL 33444**

**250 DIXIE BLVD., STE. 203  
DELRAY BEACH FL 33444**

3. Date Incorporated or Qualified

**08/29/1997**

4. FEI Number

**65-0851555**

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

**21 600 GULFSTREAM BLVD**

**28 500 GULFSTREAM BLVD**

(Suite) Apt. #, etc.

(Suite) Apt. #, etc.

**22 203**

**27 203**

City & State

City & State

**23 Delray Beach, FL.**

**28 Delray Beach, FL.**

Zip

Country

Zip

Country

**24 33483**

**25**

**29 33483**

**30**

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing

☐

**\$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

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525**

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE  
NAME **SPERDUTO, JOSEPH M**  
STREET ADDRESS **250 DIXIE BLVD., STE. 203**  
CITY-ST-ZIP **DELRAY BEACH FL 33444**

1.1 TITLE ☒ Address only ☒ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS **500 GULFSTREAM BLVD, Suite 203**  
1.4 CITY-ST-ZIP **Delray Beach, FL. 33483**

TITLE **D** ☐ DELETE  
NAME **PERELMAN, MITCHELL A**  
STREET ADDRESS **250 DIXIE BLVD., STE. 203**  
CITY-ST-ZIP **DELRAY BEACH FL 33444**

2.1 TITLE ☒ Address only ☒ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS **500 GULFSTREAM BLVD, Suite 203**  
2.4 CITY-ST-ZIP **Delray Beach, FL. 33483**

TITLE **D** ☐ DELETE  
NAME **HELLMAN, DAVID C**  
STREET ADDRESS **250 DIXIE BLVD., STE. 203**  
CITY-ST-ZIP **DELRAY BEACH FL 33444**

3.1 TITLE ☒ Change ☐ Addition  
3.2 NAME **SOLER, AMBROSE, M.D.**  
3.3 STREET ADDRESS **500 GULFSTREAM BLVD, Suite 203**  
3.4 CITY-ST-ZIP **Delray Beach, FL. 33483**

TITLE **D** ☐ DELETE  
NAME **HILL, ROBERT B**  
STREET ADDRESS **250 DIXIE BLVD., STE. 203**  
CITY-ST-ZIP **DELRAY BEACH FL 33444**

4.1 TITLE ☒ Address only ☒ Change ☐ Addition  
4.2 NAME **HILL, ROBERT B.**  
4.3 STREET ADDRESS **500 GULFSTREAM BLVD, Suite 203**  
4.4 CITY-ST-ZIP **Delray Beach, FL. 33483**

TITLE **D** ☐ DELETE  
NAME **KIRK, ROGER L**  
STREET ADDRESS **250 DIXIE BLVD., STE. 203**  
CITY-ST-ZIP **DELRAY BEACH FL 33444**

5.1 TITLE ☒ Change ☐ Addition  
5.2 NAME **TOM MASRI**  
5.3 STREET ADDRESS **500 GULFSTREAM BLVD, Suite 203**  
5.4 CITY-ST-ZIP **Delray Beach, FL. 33483**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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:

**Robert B. Hill**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**8-3-98**

Date

Daytime Phone #

CR2E037 (5/98)