

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N99000006398**

1. Entity Name

THE PHYSICIAN-EMPLOYER HEALTHCARE ALLIANCE, INC.**FILED**
Jun 30, 2002 8:00 am
Secretary of State

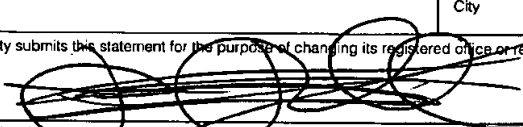
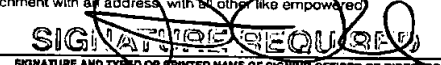
06-30-2002 90229 024 ****61.25

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DO NOT WRITE IN THIS SPACE

Principal Place of Business 900 W 49TH ST SUITE 400 HIALEAH FL 33012		Mailing Address 900 W 49TH ST SUITE 400 HIALEAH FL 33012	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 52-2199523		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CUSHING, ROBERT 900 WEST 49 STREET, SUITE 400 HIALEAH FL 33012		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. The above named entity submits the statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.			
SIGNATURE  Signature, typed or printed name of registered agent and then applicable. (NOTE: Registered Agent signature required when reinstating) DATE			
FILE NOW: FEE IS \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make Check Payable to Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP D CUSHING, ROBERT 900 WEST 49 STREET, SUITE 400 HIALEAH FL 33012 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP D ZACHARSKI, PAUL 3655 NW 87TH AVE MIAMI FL 33178 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP D WURTENBERGER, KENNETH 200 E LAS OLAS BLVD., SUITE 1900 FORT LAUDERDALE FL 33301 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP D CUSHING, RICHARD 30 EASTWOODS RD POUND RIDGE NY 10578 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: 		DATE: 6/10/02 305-231-0102	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	

CR2E037 (9/01)



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

Attachment
Document #
N99000006398
6/12/27

June 2, 2002

THE PHYSICIAN-EMPLOYER HEALTHCARE ALLIANCE, INC.
900 W 49TH ST
SUITE 400
HIALEAH, FL 33012

Subject: THE PHYSICIAN-EMPLOYER HEALTHCARE ALLIANCE, INC.

Reference Number: N99000006398

Please be advised, we have received your annual report/uniform business report; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please note the money amounts differ on the check. The numeric and written amounts must be the same. Please send a corrected check for the proper amount.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

~~If you have additional questions or need further assistance, please call the~~
Division of Corporations at (850) 488-9000.

/am
ANNUAL REPORTS SECTION