FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1999

TRIVEST GROUP, INC.

1. Corporation Name

STREET ADDRESS



FLORIDA DEPARTMENT OF STATE

Ka

Se DIVISION OF CORPORATIONS

therine Harris	: :	2	1	1	 Ī	
cretary of State	:	:	•	١.	į	ĺ

99 FEB 23 PH 3: 46

GEGERALIA OF STATE TALLAHASSEE, FLORIDA



Principat Place of Business Mailing Address				
2665 SOUTH BAYSHORE DRIVE. STE. 800 2665 SOUTH BAYSHORE DRIV MIAMI FL 33133 MIAMI FL 33133		ve. Ste. 800	DO NOT WRITE IN TI	HIS SPACE
2. Principal Place of Business	2a. Mailing Address		3. Date Incorporated or Qualified 01/25/1988 4. FET Number	Applied For
Suite, Apt #, etc.	26 Suite, Apt #, etc. 27		. 06-1221904	\$8.75 Additional Fee Required
City & State	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country 24 25	Zip [30	Country	This corporation owes the current year Personal Property Tax	Intangible []No
9. Name and Address of Cur KLEIN, PETER W. 2665 S. BAYSHORE DRIVE SUITE 800 MIAMI FL 33133 11. Pursuant to the provisions of Sections 607.1 office or registered agent, or both, in the St. agent, I am familiar with, and accept the ob	0502 and 607.1508, Florida Statutes, ale of Florida Such change was auth	83 84 City The above named coronzed by the corporal	10. Name and Address of New Register dress (P.O. Box Number is Not Acceptable) From the purpose that is statement for the purpose than is board of directors. Thereby accept the ap-	B5 Zip Code
SIGNATURE Signature, typed or printed name of registered		jest ete Apect sejnatori, regor	e fwheirir i streigh. DATE	

agent. I a	m familiar with, and accept the obligations of, Section	n 607.0505, F lorida	a Statutes			_	
SIGNATURE	Signature, typed or printed name of registered agest and little registered.	e diáti Re	gesteren Agent signaturion.	educia. Esche intervisiologi	PATE		
12.	OFFICERS AND DIRECTORS		13.		GES TO OFFICERS AN	D DIRECTOR	RS IN 12
TITLE	VS/GC/SMD	[DELETE	11700	COB/1)		[Change	Addition
NAME	KLÉIN, PETÉR W.		12 NAME	Poillio T. G	esge, MI	٥,	
STREET ADDRESS	2665 S.BAYSHORE DR #800		13 STREET ADDRESS	Avillip T. G.	SOUSMORE	DR.	
CITY-ST-ZIP	MIAM! FL		14 Cilly-ST-ZIP	miani FL	3		_
TITLE	DPCE	[] DELETE	2 1 TH: LF	AS.		[] Change	Addition
NAME	POWELL, EARL W.		2.2 NAME	JON E. El	iAs,	$\triangle a$	
STREET ADDRESS	2665 S BAYSHORE DR STE. 800	-	23 STREET ADDRESS	2665 3. E	SOUSHORE	DK.	
CITY-ST-ZIP	MIAMI FL 33133		2.4 CiTY+\$1+ZiF	miami F			
TITLE	V	[] DELETE	3.1 TITLE	CFD AND AND ALLOS 3. B.	00-11	[] Change	[4A3dition
NAME	TEMPLETON, TROY D.		3.2 NAME	B. JAY AND	EKSON	00	
STREET ADDRESS	2665 S BAYSHORE DR. STE. 800		33 STREET ADDRESS	2665 3. B.	AUSHORE		
CITY-ST-ZIP	MIAMI FL 33133		34 CHY-\$1-ZIP	Miami FL	•		
TITLE	AS	[] DELETE	4 1 TiTLE	,		[] Change	[] Addition
NAME	KUFFNER MARILYN D		4 2 NAME				
STREET ADDRESS	2665 SOUTH BAYSHORE DRIVE 800		4.3 STREET ADDRESS				
CITY-ST-ZIP	MIAMI FL		44 City St. ZIP				
TITLE		[] DELETE	51 THE			[] Change	[] Addition
NAME			5.2 NAM!	4 (117)	002785	191-	i
STREET ADDRESS			53 STREET ADDRESS	1 (1)	ouz ros	TCT	
CITY-ST-ZIP			54 CiTY-S1-ZiP				
TITLE		[]] DELETE	61 TITLE			[] Change	[] Addition
NAME			6.2 NAME			/ 11/2	1

14. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes I further certify that the information supplied with this filling 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 receiper or trustee empowered to execute this report as required by Chapter 607. Florida Statutes, and that my page appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

63STREET ADORESS

SIGNATURE: NTED NAME OF SIGNING OFFICER OR DIRECTOR



Directors, Officers Report

Trivest Group, Inc.

February 18, 1999

DIRECTORS

Earl W. Powell

Effective: December 17, 1987

Director

Phillip T. George, M.D.

Effective: December 17, 1987

Director

OFFICERS

Earl W. Powell

Effective: January 01, 1989

President and Chief Executive Officer

Phillip T. George, M.D.

Effective: January 01, 1989

Chairman of the Board

Peter W. Klein

Effective: December 17, 1987

General Counsel

Effective: February 01, 1996

Senior Vice President

Effective. Feoruary 01, 1990

Effective: December 17, 1987

Secretary

Effective: May 04, 1998

Managing Director

B. Jay Anderson Effective: May 26, 1994 Vice President

Treasurer

Effective: December 17, 1987

Controller

Effective: February 01, 1996

Troy D. Templeton

Effective: February 01, 1996

Senior Vice President

Marilyn D. Kuffner

Effective: May 26, 1994

Assistant Secretary

Jon Edward Elias

Effective: May 04, 1998

Assistant Secretary

B. Jay Anderson

Chief Financial Officer





ACCOUNT NO. : 072100000032

REFERENCE: 144381

4371937

AUTHORIZATION

\$ 167.50 COST LIMIT :

ORDER DATE: February 23, 1999

ORDER TIME : 2:01 PM

ORDER NO. : 144381-025

CUSTOMER NO: 4371937

CUSTOMER: Ms. Esther S. Hellwig

Trivest, Inc.

2665 S. Bayshore Drive

Suite #800

Miami, FL 33133

ANNUAL REPORT FILING

NAME: TRIVEST GROUP, INC.

XX __ ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_ CERTIFIED COPY

___ PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Janna Wilson

EXAMINER'S INITIALS:

