FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 PM 1:56

DOCUMENT # **P29911** **(5)**

1. Corporation Name
PHYSICIANS TOTAL CARE, INC.

Principal Place of Business	Mailing Address
5415 S. 125TH E. AVENUE TULSA OK 74146	5415 S. 125TH E. AVENUE TULSA OK 74146

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/25/1990	3a. Date of Last Report: 02/21/1994
2. Principal Place of Business (21)	2a. Mailing Address (26)
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)
City & State (23)	City & State (28)
Zip (24) / Country (25)	Zip (29) / Country (30)
4. FEI Number: 73-1288318	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under § 199.032, Florida Statutes ☒ Yes ☐ No	

9. Name and Address of Current Registered Agent

SUNGAIL, JOHN P.
2526 S.R. 580 E., #301 SKYLARK
CLEARWATER FL 34621

10. Name and Address of New Registered Agent

81 Name: C T Corporation System
82 Street Address (P.O. Box Number is Not Acceptable): 660 East Jefferson St.
83
84 City: Tallahassee **FL** 85 Zip Code: 32301

11. Pursuant to the provisions of Sections 607.0505 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ 4/25/95
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	11 TITLE	☐ Change ☐ Addition
NAME	CLARK, WILLIAM C.	12 NAME	
STREET ADDRESS	7620 SOUTH FLAGLER DRIVE	13 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL 33405	14 CITY-ST-ZIP	
TITLE	VD	21 TITLE	☐ Change ☐ Addition
NAME	FLOERCHINGER, THOMAS A	22 NAME	
STREET ADDRESS	3712 NORMANDY	23 STREET ADDRESS	
CITY-ST-ZIP	HIGHLAND PARK TX	24 CITY-ST-ZIP	
TITLE	VSTD	31 TITLE	☐ Change ☐ Addition
NAME	GRAELER, KENNETH H.	32 NAME	
STREET ADDRESS	17404 PRIVATE VALLEY LANE	33 STREET ADDRESS	
CITY-ST-ZIP	CHESTERFIELD MO	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	KILO, CHARLES, M.D.	42 NAME	
STREET ADDRESS	38 COUNTRYSIDE LANE	43 STREET ADDRESS	
CITY-ST-ZIP	TOWN & COUNTRY MO 63131	44 CITY-ST-ZIP	
TITLE	PD	51 TITLE	☐ Change ☐ Addition
NAME	MOSELEY, WARREN G.	52 NAME	
STREET ADDRESS	1561 EAST 22ND STREET	53 STREET ADDRESS	
CITY-ST-ZIP	TULSA OK 74114	54 CITY-ST-ZIP	
TITLE		61 TITLE V	☐ Change ☒ Addition
NAME		62 NAME BARBERO, KEITH J.	
STREET ADDRESS		63 STREET ADDRESS 705 CROKS TIMBERS	
CITY-ST-ZIP		64 CITY-ST-ZIP CHESTERFIELD, MO 63017	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 2/1/95 918 254-2273
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #
Kenneth H. Graeler, Secretary

0480755 FP