FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

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

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 / Country 24 / 25	Zip / Country 29 / 30

3. Date Incorporated or Qualified 06/25/1990	3a. Date of Last Report 05/01/1995
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 s. 199.032, Florida Statutes ☒ Yes ☐ No	

9. Name and Address of Current Registered Agent

C.T. CORPORATION SYSTEM
660 EAST JEFFERSON ST.
TALLAHASSEE FL 32301

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

11. Pursuant to the provisions of Sections 607.0502 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable — NOTE: Registered Agent's signature required for filing

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	CLARK, WILLIAM C.		1.2 NAME		
STREET ADDRESS	7620 SOUTH FLAGLER DRIVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL 33405		1.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	2.1 TITLE	DIRECTOR	☒ Change ☐ Addition
NAME	FLOERCHINGER, THOMAS A		2.2 NAME		
STREET ADDRESS	3712 NORMANDY		2.3 STREET ADDRESS	200 LESLIE DR., #420	
CITY-ST-ZIP	HIGHLAND PARK TX		2.4 CITY-ST-ZIP	HALLANDALE, FL 33009	
TITLE	VSTD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	GRAELER, KENNETH H.		3.2 NAME		
STREET ADDRESS	17404 PRIVATE VALLEY LANE		3.3 STREET ADDRESS		
CITY-ST-ZIP	CHESTERFIELD MO		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	KILO, CHARLES, M.D.		4.2 NAME		
STREET ADDRESS	38 COUNTRYSIDE LANE		4.3 STREET ADDRESS		
CITY-ST-ZIP	TOWN & COUNTRY MO 63131		4.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	MOSELEY, WARREN G.		5.2 NAME		
STREET ADDRESS	1561 EAST 22ND STREET		5.3 STREET ADDRESS		
CITY-ST-ZIP	TULSA OK 74114		5.4 CITY-ST-ZIP		
TITLE	V	☒ DELETE	6.1 TITLE	DIRECTOR	☐ Change ☒ Addition
NAME	BARBERO, KEITY J		6.2 NAME	JOE IHLE	
STREET ADDRESS	705 CROSS TIMBERS		6.3 STREET ADDRESS	405 COUNTRY CLUB DR.	
CITY-ST-ZIP	CHESTERFIELD MO		6.4 CITY-ST-ZIP	BRISTOW, OK 74010	

CR2E034 (12/95)

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: Kenneth H. Graeler Treas. 5/15/96 918 254-2273
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Kenneth H. Graeler