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FILED

May 12 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

5415 S. 125TH E. AVENUE  
TULSA OK 74146

Mailing Address

5415 S. 125TH E. AVENUE  
TULSA OK 74146-6206

3. Date Incorporated or Qualified

06/25/1990

3a. Date of Last Report

07/22/1996

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

10. Name and Address of New Registered Agent

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

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

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 CLARK, WILLIAM C.  
STREET ADDRESS 7620 SOUTH FLAGLER DRIVE  
CITY-ST-ZIP WEST PALM BEACH FL 33405

1.1 TITLE ☐ Change ☐ Addition

TITLE D ☐ DELETE

NAME FLOERCHINGER, THOMAS A  
STREET ADDRESS 200 LESLIE DRIVE #420  
CITY-ST-ZIP HALLANDALE FL

2.1 TITLE ☐ Change ☐ Addition

TITLE VSTD ☐ DELETE

NAME GRAELER, KENNETH H.  
STREET ADDRESS 17404 PRIVATE VALLEY LANE  
CITY-ST-ZIP CHESTERFIELD MO

3.1 TITLE ☒ Change ☐ Addition

TITLE D ☐ DELETE

NAME KILO, CHARLES, M.D.  
STREET ADDRESS 38 COUNTRYSIDE LANE  
CITY-ST-ZIP TOWN & COUNTRY MO 63131

4.1 TITLE ☐ Change ☐ Addition

TITLE PD ☐ DELETE

NAME MOSELEY, WARREN G.  
STREET ADDRESS 1561 EAST 22ND STREET  
CITY-ST-ZIP TULSA OK 74114

5.1 TITLE ☐ Change ☐ Addition

TITLE D ☐ DELETE

NAME IHLE, JOE  
STREET ADDRESS 405 COUNTY CLUB DRIVE  
CITY-ST-ZIP BRISTOW OK

6.1 TITLE ☐ Change ☐ Addition

14. I do 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 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*  
Kenneth H. Graeler  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/97

Date

918-254-2273

Daytime Phone #

CR2E034 (9/96)