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SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN -1 AM 10:37

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # P92000011778 (7)

1. Corporation Name

PREMIER MEDICAL NETWORK, INC.

Principal Place of Business

Mailing Address

400 ARTHUR GODFREY ROAD
SUITE 400
MIAMI BEACH FL 33140

400 ARTHUR GODFREY ROAD
SUITE 400
MIAMI BEACH FL 33140

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21		26		12/15/1992		04/21/1994	
Suite Apt #, etc		Suite Apt #, etc		4. FEI Number		Applied For	
22		27		65-0378391		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		☐ \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution		☐ \$5.00 May Be Added to Fees	
Zip		Country		24		25	
29		30		6. 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

LASARIS, LEE F
9130 S. DADELAND BLVD.
SUITE 1703
MIAMI FL 33156

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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 of Registered Agent required when name change)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	COTTLER, EDWARD H	1.2 NAME	
STREET ADDRESS	400 ARTHUR GODFREY RD #408	1.3 STREET ADDRESS	
CITY, ST, ZIP	MIAMI BEACH FL 33140	1.4 CITY, ST, ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	WEINSTEIN, MORTON	2.2 NAME	
STREET ADDRESS	400 ARTHUR GODFREY RD #408	2.3 STREET ADDRESS	
CITY, ST, ZIP	MIAMI BEACH FL 33140	2.4 CITY, ST, ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	MILLER, DOUGLAS	3.2 NAME	
STREET ADDRESS	400 ARTHUR GODFREY RD #408	3.3 STREET ADDRESS	
CITY, ST, ZIP	MIAMI BEACH FL 33140	3.4 CITY, ST, ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY, ST, ZIP		4.4 CITY, ST, ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY, ST, ZIP		5.4 CITY, ST, ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY, ST, ZIP		6.4 CITY, ST, ZIP	

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 199.03(2)(b), 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 this 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 hereon, and, or on an attached sheet with my address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

EDWARD H. COTTLER MD

\$25.00

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