

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 # P92000014004 (5)

1. Corporation Name

HEALTH CARE NETWORK OF BROWARD, P.A.



Principal Place of Business

Mailing Address

% FLORIDA MEDICAL MANAGEMENT CONSULTANTS
1400 E. OAKLAND PARK BLVD.
FT LAUDERDALE FL 33334

% FLORIDA MEDICAL MANAGEMENT CONSULTANTS
1400 E. OAKLAND PARK BLVD.
FT LAUDERDALE FL 33334

3. Date Incorporated or Qualified 12/24/1992
3a. Date of Last Report 06/16/1995

2. Principal Place of Business
21 2600 N.E. 9th ST
2a. Mailing Address
26 2600 N.E. 9th ST

4. FEI Number
~~65-044882~~ 65-0450773
Applied For
Not Applicable

Suite, Apt. #, etc.
22
27

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

City & State
23 FT. LAUDERDALE, FL
28 FT. LAUDERDALE, FL

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

Zip Country
24 33304 25 USA
29 33304 30 USA

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

STANDART, JOHN R
1400 E OAKLAND PARK BLVD., #100
FORT LAUDERDALE FL 33334

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code
FL

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 P
NAME VASQUEZ, ERWIN
STREET ADDRESS 2600 NE 9TH ST.
CITY-ST-ZIP FT LAUDERDALE FL 33304

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE V
NAME BUTTON, GEORGE
STREET ADDRESS 2780 N. FEDERAL HWY.
CITY-ST-ZIP FORT LAUDERDALE FL 33306

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE S
NAME GASTESI, ROMANN
STREET ADDRESS 816 NE 20TH AVE
CITY-ST-ZIP FORT LAUDERDALE FL 33304

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE D
NAME MADONNA, JOHN
STREET ADDRESS 2833 N. OCEAN BLVD
CITY-ST-ZIP FORT LAUDERDALE FL 33308

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)