

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

APPROVED
AND
FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000035203 (7)**

1. Corporation Name

PHYSICIAN PARTNERS OF PORT ST. LUCIE, INC.

Principal Place of Business

**1700 S.E. HILLMOOR DRIVE
SUITE 202
PORT ST. LUCIE FL 34952**

Mailing Address

**336 CAMP STREET
SUITE 250
NEW ORLEANS LA 70130
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/13/1993

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 **2755 Campus Drive**

4. FEI Number

72-1239580

Applied For

Not Applicable

22 City & State

27 Suite, Apt. #, etc.

200

5. Certificate of Status Desired ☐

\$8.75 Additional

Fee Required

23 Zip

Country

28 City & State

San Mateo, CA

6. Election Campaign Financing

Trust Fund Contribution ☐

\$5.00 May Be

Added to Fees

24

Country

29 Zip

94403

Country

USA

8. This corporation owes or has paid the current year Intangible

Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WERTHEIMER, DAVID
1700 S.E. HILLMOOR DR.
SUITE 202
PORT ST. LUCIE FL 34952**

81 Name **Ct Corporation System**

82 Street Address (P.O. Box Number is Not Acceptable)
1200 S Pine Island Road

83 **700002608407--2**

84 City **Plantation** **08/05/98 01102 014**
*****\$50.00 ***\$50.00**

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 obligation of, section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent must be a resident of Florida.)

DATE

NASEEM A. CONDE

SPECIAL ASST. SECRETARY

7-31-98

12. OFFICERS AND DIRECTORS

TITLE ☒ DELETE

NAME **WATTS, RALPH J**
STREET ADDRESS **336 CAMP ST STE 250**
CITY-ST-ZIP **NEW ORLEANS LA**

TITLE ☒ DELETE

NAME **THOMPSON, JACK**
STREET ADDRESS **336 CAMP ST**
CITY-ST-ZIP **NEW ORLEANS LA**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME **David E. Wertheimer**
1.3 STREET ADDRESS **Chairman & Director**
1.4 CITY-ST-ZIP **1700 SE Hillmoor Drive #202**
Port St. Lucie, FL 34952

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME **President & Director**
2.3 STREET ADDRESS **Swapan Sen**
2.4 CITY-ST-ZIP **7 Waterside Crossing**
Windsor, CT 06095

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME **E. Payson Smith, Jr.**
3.3 STREET ADDRESS **CFO & Director**
3.4 CITY-ST-ZIP **2755 Campus Drive, Suite 200**
San Mateo, CA 94403

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME **Secretary**
4.3 STREET ADDRESS **Michael O. Kokesh**
4.4 CITY-ST-ZIP **2755 Campus Drive, Suite 200**
San Mateo, CA 94403

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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 address.

SIGNATURE:

Michael O. Kokesh

7/30/98

650-349-0800

011551

CR2E034 (5/98)