

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90178 018 ***150.00

DOCUMENT # P93000035203

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

2755 CAMPUS DRIVE
200
SAN MATEO CA 94403
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/13/1993

4. FEI Number

72-1239580

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 owes the current year Intangible
Personal Property Tax.

Yes No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE CD
NAME WERTHEIMER, DAVID E
STREET ADDRESS 1700 SE HILLMOOR DRIVE #202
CITY-ST-ZIP PORT ST.LUCIE FL 34952

DELETE

TITLE PD
NAME SEN, SWAPAN
STREET ADDRESS 7 WATERSIDE CROSSING
CITY-ST-ZIP WINDSOR CT 06095

DELETE

TITLE CFOD
NAME SMITH, E. PAYSON JR.
STREET ADDRESS 2755 CAMPUS DRIVE, SUITE 200
CITY-ST-ZIP SAN MATEO CA 94403

DELETE

TITLE S
NAME KOKESH, MICHAEL O
STREET ADDRESS 2755 CAMPUS DRIVE, SUITE 200
CITY-ST-ZIP SAN MATEO CA 94403

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

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 an address, with all other like empowered.

SIGNATURE:

Michael O. Kokesh

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 12, 1999

Date

650.349.0800

Daytime Phone #

CR2E034 (1/1998)