

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

DOCUMENT # P93000047355 (1)

1. Corporation Name

PRIMARY CARE SPECIALISTS, INC.

95 MAR -6 AM 10:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address  
1802 BELLEVUE SUITE 103 ORLANDO FL 32806  
1802 BELLEVUE SUITE 103 ORLANDO FL 32806

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 06/28/1993  
3a. Date of Last Report 04/26/1994

4. FEI Number 59-3209227  
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

2. Principal Place of Business 2a. Mailing Address  
21 3885 Oakwater Cr. 26 3885 Oakwater Cr.  
22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc.  
23 City & State Orlando FL 28 Orlando FL  
24 Zip 32806 Country USA 29 Zip 32806 30 Country USA

9. Name and Address of Current Registered Agent  
HOLT, SHAMUS M  
3885 OAKWATER CIRCLE  
ORLANDO FL 32806

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KIVEL, GERALD MD	1.2 NAME	Gerald Kivel MD
STREET ADDRESS	1802 BELLEVUE STE 103	1.3 STREET ADDRESS	3885 Oakwater Cr.
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP	Orlando FL 32806
TITLE	VPD	2.1 TITLE	VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEAN, BONNIE	2.2 NAME	Bonnie Dean, MD
STREET ADDRESS	1802 BELLEVUE STE 103	2.3 STREET ADDRESS	3885 Oakwater Cr.
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP	Orlando FL 32806
TITLE	SD	3.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLT, SHAMUS M	3.2 NAME	Shamus M. Holt
STREET ADDRESS	3885 OAKWATER	3.3 STREET ADDRESS	3885 Oakwater Cr.
CITY-ST-ZIP	ORLANDO FL	3.4 CITY-ST-ZIP	Orlando FL 32806
TITLE	TD	4.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COPPLEMAN, JOHN	4.2 NAME	John Coppleman MD
STREET ADDRESS	1802 BELLEVUE STE103	4.3 STREET ADDRESS	3885 Oakwater Cr.
CITY-ST-ZIP	ORLANDO FL	4.4 CITY-ST-ZIP	Orlando FL 32806
TITLE	ASD	5.1 TITLE	ASD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEYER, ROBERT	5.2 NAME	David Gilbrth MD
STREET ADDRESS	1802 BELLEVUE STE 103	5.3 STREET ADDRESS	3885 Oakwater Cr.
CITY-ST-ZIP	ORLANDO FL	5.4 CITY-ST-ZIP	Orlando FL 32806
TITLE	ATO	6.1 TITLE	ATO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILKER, JOHN F	6.2 NAME	John Wilker MD
STREET ADDRESS	1802 BELLEVUE STE 103	6.3 STREET ADDRESS	3885 Oakwater Cr.
CITY-ST-ZIP	ORLANDO FL	6.4 CITY-ST-ZIP	Orlando FL 32806

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)(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 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 checked), or on an attachment with an addition.

SIGNATURE:

*Shamus M. Holt*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Typed Name