

**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 # **P93000047355 (1)**

1. Corporation Name

**PRIMARY CARE SPECIALISTS, INC.**



Principal Place of Business	Mailing Address
3885 OAKWATER CIRCLE SUITE 103 ORLANDO FL 32806 US	3885 OAKWATER CIRCLE SUITE 103 ORLANDO FL 32806 US

3. Date Incorporated or Qualified <b>06/28/1993</b>	3a. Date of Last Report <b>03/06/1995</b>
4. FEI Number <b>59-3209227</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

21. Principal Place of Business	2a. Mailing Address
22. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
23. City & State	27. City & State
24. Zip	28. Zip
25. Country	29. Country
30.	30.

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
<b>HOLT, SHAMUS M</b> <b>3885 OAKWATER CIRCLE</b> <b>ORLANDO FL 32806</b>	81. Name
	82. Street Address (P.O. Box Number is Not Acceptable)
	83.
	84. City
	85. Zip Code
	<b>FL</b>

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KIVEH, GERALD MD	1.2 NAME	KIVETT, GERALD
STREET ADDRESS	3885 OAKWATER CIRCLE	1.3 STREET ADDRESS	3885 Oakwater CR
CITY- ST- ZIP	ORLANDO FL	1.4 CITY- ST- ZIP	Orlando, FL
TITLE	VPD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VPD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DEAN, BONNIE	2.2 NAME	BICKERTON, JOHN
STREET ADDRESS	3885 OAKWATER CIRCLE	2.3 STREET ADDRESS	3885 Oakwater CR
CITY- ST- ZIP	ORLANDO FL	2.4 CITY- ST- ZIP	Orlando, FL
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLT, SHAMUS M	3.2 NAME	
STREET ADDRESS	3885 OAKWATER CIRCLE	3.3 STREET ADDRESS	
CITY- ST- ZIP	ORLANDO FL	3.4 CITY- ST- ZIP	
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COPPLEMAN, JOHN	4.2 NAME	CAPPLEMAN, JOHN
STREET ADDRESS	3885 OAKWATER CIRCLE	4.3 STREET ADDRESS	3885 Oakwater CR
CITY- ST- ZIP	ORLANDO FL	4.4 CITY- ST- ZIP	Orlando, FL
TITLE	ASD <input checked="" type="checkbox"/> DELETE	5.1 TITLE	ASD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MEYER, ROBERT	5.2 NAME	CILBRITH, DAVID
STREET ADDRESS	3885 OAKWATER CIRCLE	5.3 STREET ADDRESS	3885 Oakwater CR.
CITY- ST- ZIP	ORLANDO FL	5.4 CITY- ST- ZIP	Orlando, FL
TITLE	ATD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILKER, JOHN F	6.2 NAME	
STREET ADDRESS	3885 OAKWATER CIRCLE	6.3 STREET ADDRESS	
CITY- ST- ZIP	ORLANDO FL	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: Shamus M Holt 1-19-96 407-438-9509  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)