

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
06/28/1993

3a. Date of Last Report
03/06/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

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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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HOLT, SHAMUS M
3885 OAKWATER CIRCLE
ORLANDO FL 32806

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 re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY- ST- ZIP	DELETE
PD	KIVEH, GERALD MD	3885 OAKWATER CIRCLE	ORLANDO FL	<input type="checkbox"/>
VPD	DEAN, BONNIE	3885 OAKWATER CIRCLE	ORLANDO FL	<input checked="" type="checkbox"/>
SD	HOLT, SHAMUS M	3885 OAKWATER CIRCLE	ORLANDO FL	<input type="checkbox"/>
TD	COPPLEMAN, JOHN	3885 OAKWATER CIRCLE	ORLANDO FL	<input type="checkbox"/>
ASD	MEYER, ROBERT	3885 OAKWATER CIRCLE	ORLANDO FL	<input checked="" type="checkbox"/>
ATD	WILKER, JOHN F	3885 OAKWATER CIRCLE	ORLANDO FL	<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY- ST- ZIP	Change	Addition
PD	KIVETT, GERALD	3885 Oakwater Cr	Orlando, FL	<input checked="" type="checkbox"/>	<input type="checkbox"/>
VPD	BICKERTON, JOHN	3885 Oakwater Cr	Orlando, FL	<input type="checkbox"/>	<input checked="" type="checkbox"/>
TD	CAPPLEMAN, JOHN	3885 Oakwater Cr	Orlando, FL	<input checked="" type="checkbox"/>	<input type="checkbox"/>
ASD	CILBRITH, DAVID	3885 Oakwater Cr.	Orlando, FL	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

1-19-96

Date

407-438-9509

Daytime Phone #

CR2E034 (12/95)