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

PROFIT CORPORATION ANNUAL REPORT 1999

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

99 MAY 10 AM 10:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000047355

1. Corporation Name
PRIMARY CARE SPECIALISTS, INC. (✓)

Principal Place of Business | Mailing Address

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 3885 OAKWATER CIRCLE	26 990 HAMMOND DRIVE
Suite, Apt. #, etc 22 SUITE 103	Suite, Apt. #, etc 27 SUITE 300
City & State 23 ORLANDO, FLORIDA	City & State 28 ATLANTA, GEORGIA
Zip 24 32806 Country 25 US	Zip 29 30328 Country 30 US

3. Date Incorporated or Qualified: 6/28/93
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 owes the current year Intangible Personal Property Tax [ ] Yes [ ] No

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

12.		13.		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[ ] DELETE	1 TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD SARAH C. GARVEN 990 HAMMOND DR. SUITE 300 ATLANTA, GA 30328	[X] Change [X] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[ ] DELETE	2 TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VS THOMAS M. RODGERS, JR. 990 HAMMOND DR. SUITE 300 ATLANTA, GA 30328	[X] Change [X] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[ ] DELETE	3 TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T GARY RASMUSSEN 990 HAMMOND DR. SUITE 300 ATLANTA, GA 30328	[X] Change [X] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[ ] DELETE	4 TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ASST. S DARCIE A. DEUPREE, ESQ 990 HAMMOND DR. SUITE 300 ATLANTA, GA 30328	[X] Change [X] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[ ] DELETE	5 TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[ ] DELETE	6 TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] Change [ ] Addition

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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: [signature] DARCIE A. DEUPREE, ESQ 3/30/99 770/225-1658
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)