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 # **P93000051294 (5)**

1. Corporation Name:

PHYSICIANS PROFESSIONAL CARE, INC.

Principal Place of Business	Mailing Address
7045 W BROWARD BLVD PLANTATION FL 33317	7045 W BROWARD BLVD PLANTATION FL 33317

2. Principal Place of Business	2a. Mailing Address
21 9935 MIRAMAR PARKWAY	9935 MIRAMAR PARKWAY
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: MIRAMAR, FL	28 City & State: MIRAMAR, FL
24 Zip: 33025 25 Country	29 Zip: 33025 30 Country

3. Date Incorporated or Qualified: 07/22/1993

3a. Date of Last Report: 10/12/1995

4. FEI Number: 65-0433771 ☐ 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

DEL CARMEN ALVAREZ , MARIA
10305 BERMUDA AVE
COOPER CITY FL 33026

10. Name and Address of New Registered Agent

81 Name: JORGE L. BASTO-ABDALA
82 Street Address (P.O. Box Number is Not Acceptable): 7047 W. BROWARD BLVD.
83
84 City: PLANTATION FL 85 Zip Code: 33317

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. Signature was a requirement for the corporation's Restated Articles. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Jorge Basto Abdala

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEL CARMEN ALVAREZ , MARIA 10305 BERMUDA DR COOPER CITY FL 33026	☐ DELETE X
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ 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

11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP	PRESIDENT / DIRECTOR JORGE BASTO-ABDALA 7047 W. BROWARD BLVD. PLANTATION, FL 33317	☐ Change X Addition
21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP		☐ Change ☐ Addition
31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP		☐ Change ☐ Addition
41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP		☐ Change ☐ Addition
51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP		☐ Change ☐ Addition
61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP		☐ Change ☐ Addition

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14. I do hereby certify that the information supplied with this filing is true and accurate, for the exemption set forth 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 added, or is entered in Block 14.

SIGNATURE: Jorge Basto Abdala. 3/7/96 581-7117

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)