FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

ANNUAL REPORT
1995

APPROVED AND FILED
95 MAR -1 PM 4:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000059707 (8)

1. ATLANTIS PHYSICIANS, INC.

Principal Place of Business: 501 S FLAGLER DR., S-505, W PALM BCH. FL 33401

Mailing Address: 501 S FLAGLER DR., S-505, W PALM BCH. FL 33401

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 08/20/1993
3a. Date of Last Report: 03/10/1994
4. FEI Number: 65-0438860 — 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: 21 Street; 22 Suite, Apt. #, etc.; 23 City & State; 24 Zip; 25 Country

2a. Mailing Address: 26 Street; 27 Suite, Apt. #, etc.; 28 City & State; 29 Zip; 30 Country

9. Name and Address of Current Registered Agent

FRIEDLAND, KIRK
501 S FLAGLER DR., S-505
W PALM BCH. FL 33401

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 ______ DATE ______

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1 1 TITLE		☐ Change ☐ Addition
NAME	BUTLER, HOWARD G	1 2 NAME		
STREET ADDRESS	3989 NW 52ND PLACE	1 3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL 33496	1 4 CITY-ST-ZIP		
TITLE		2 1 TITLE	V/S/D	☐ Change ☒ Addition
NAME		2 2 NAME	Fred R. Smith	
STREET ADDRESS		2 3 STREET ADDRESS	5301 South Congress Ave.	
CITY-ST-ZIP		2 4 CITY-ST-ZIP	Atlantis, FL 33462	
TITLE		3 1 TITLE	T/D	☐ Change ☒ Addition
NAME		3 2 NAME	Stephen Krasner	
STREET ADDRESS		3 3 STREET ADDRESS	5301 South Congress Ave.	
CITY-ST-ZIP		3 4 CITY-ST-ZIP	Atlantis, FL 33462	
TITLE		4 1 TITLE		☐ Change ☐ Addition
NAME		4 2 NAME		
STREET ADDRESS		4 3 STREET ADDRESS		
CITY-ST-ZIP		4 4 CITY-ST-ZIP		
TITLE		5 1 TITLE		☐ Change ☐ Addition
NAME		5 2 NAME		
STREET ADDRESS		5 3 STREET ADDRESS		
CITY-ST-ZIP		5 4 CITY-ST-ZIP		
TITLE		6 1 TITLE		☐ Change ☐ Addition
NAME		6 2 NAME		
STREET ADDRESS		6 3 STREET ADDRESS		
CITY-ST-ZIP		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: [signature] — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — (407) 4?? 3?27 Daytime Phone #

0242370 CP