## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Morthani Secretary of State DIVISION OF CORPORATIONS

1996 **DOCUMENT #** 

P93000064950 (7)

PHYSICIANS PLUS, INC.

Principal	Place of	Business

Mailing Address



PINELLAS PARK FL 34665			4439 PARK BLVO Pinellas Park FL 34865			
					3. Date Incorporated or Qualified 09/17/1993	3a. Date of Last Report 10/06/1995
21	lace of Business	2a. Mailing Address 26			4. FEI Number 59-3201487	Applied For Not Applicable
Suite, Apt.		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State			Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Ζφ <b>24</b>	Country <b>25</b>	Ζφ <b>29</b>	Country 30		This corporation has liability for Florida Statutes	
	9. Name and Address of Curre	ent Registered Agent			10. Name and Address of New I	
4439 PA	DN, DAVID B DC ARK BLVD AS PARK FL 34685		L_1	Name Street Addre	ass (P.O. Box Number is Not Acceptal	ole)
- ** **				City		<b>85</b> Zip Code
11. Pursuant to	o the provisions of Sections 607.050	2 and 607.1508 Florida State	ites, the above na	med corpora	ation submits this statement for the purify of clirectors. I have the	rpose of changing its registered office
tamiliar witi	th, and accept the obligations of, Sec	nda, such change was author ction 607.0505, Florida Statute	izea by the corpa es.	ration's board	ation submits this statement for the pu d of directors. I hereby accept the app	ointment as registered agent. Larn
SIGNATURE -	Signature, typed or printed han e of registered age	il druftte if applicable in the	VIVE Rejistered Agent		and Marketine and a second second	t)ATI
2.	OFFICERS AN	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFF	
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oath; that I am an officer or director of the form tration or the receiver or plusted 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