

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 41.25

AMENDMENT

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P93000076930

AMENDMENT

1. Corporation Name

PHYSICIANS MANAGEMENT NETWORK, INC.

FILED

96 OCT 21 AM 8:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

100001986621--8  
-10/25/96--01103--018  
\*\*\*\*\*61.25 \*\*\*\*\*61.25

Principal Place of Business Mailing Address  
5033 NW 7th St.  
#304  
Miami, FL 33126

2. Principal Place of Business 2a. Mailing Address  
21 881 West Palm Drive 26 881 West Palm Dr.  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Fla City, FL 28 Fla City, FL  
24 Zip 33034 25 Dade 29 Zip 33034 30 Country Dade

3. Date Incorporated or Qualified 3a. Date of Last Report  
November 1, 1993 4/2/96  
4. FEI Number 45,051,2005 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

MIGUEL MANRESA  
5033 NW 7th St., #304  
Miami, FL 33126

81 Name NYDIA ENID LECOUR  
82 Street Address (P.O. Box Number is Not Acceptable) 13936 SW 91st Terrace  
83  
84 City Miami FL 85 Zip Code 33186

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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]*  
Signature, typed or printed name of registered agent and title if applicable

10/17/96  
DATE

12. OFFICERS AND DIRECTORS

TITLE	PVSD	<input checked="" type="checkbox"/> DELETE
NAME	MIGUEL MANRESA	
STREET ADDRESS	5033 NW 7th St., #304	
CITY-ST-ZIP	Miami, FL 33126	
TITLE	C	<input checked="" type="checkbox"/> DELETE
NAME	ANTONIO GARCIA	
STREET ADDRESS	1817 W. Flagler St.	
CITY-ST-ZIP	Miami, FL 33135	
TITLE	Director/President/Registered Agent	<input checked="" type="checkbox"/> DELETE
NAME	NYDIA ENID LECOUR	
STREET ADDRESS	13936 SW 91st Terrace	
CITY-ST-ZIP	Miami, FL 33186	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	OSVALDO R. ANGLERO	
1.3 STREET ADDRESS	15717 SW 80th Lane	
1.4 CITY-ST-ZIP	Miami, Florida 33193	
2.1 TITLE	<del>XXXXXXXXXXXXXXXXXXXX</del>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<del>XXXXXXXXXXXXXXXXXXXX</del>	
2.3 STREET ADDRESS	<del>XXXXXXXXXXXXXXXXXXXX</del>	
2.4 CITY-ST-ZIP	<del>XXXXXXXXXXXXXXXXXXXX</del>	
3.1 TITLE	S/T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	OSWALDO ANGLERO	
3.3 STREET ADDRESS	10485 S.W. 216th Street, Apt. 207	
3.4 CITY-ST-ZIP	Miami, Florida 33190	
4.1 TITLE	NEW REGISTERED AGENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	OSWALDO A. ANGLERO	
4.3 STREET ADDRESS	15717 SW 80th Lane	
4.4 CITY-ST-ZIP	MIAMI, FLORIDA 33193	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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]* PRESIDENT  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-23-96  
Date

CR2E034 (12/95)