FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -7 AM 10:52

DOCUMENT # **P93000081442 (4)**

1. Corporation Name

NORTH PRIMARY CARE, INC.

Principal Place of Business	Mailing Address
1200 S PINE ISLAND RD SUITE 600 PLANTATION FL 33324	1200 S PINE ISLAND RD SUITE 600 PLANTATION FL 33324

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **11/29/1993**
3a. Date of Last Report: **04/08/1994**

2. Principal Place of Business (21):
Suite, Apt. #, etc. (22):
City & State (23):
Zip (24): Country (25):

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

4. FEI Number: **65-0456769** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired (31) ☐ **$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

C T CORPORATION SYSTEM
1200 S PINE ISLAND RD
PLANTATION FL 33324

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
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE	P D	☒ Change ☐ Addition
NAME	FINDEISS, J C	1.2 NAME		
STREET ADDRESS	1200 S PINE ISLAND RD STE 600	1.3 STREET ADDRESS		
CITY-ST-ZIP	PLANTATION FL 33324	1.4 CITY-ST-ZIP		
TITLE	D	2.1 TITLE	V D	☒ Change ☐ Addition
NAME	NAGPAL, NARESH	2.2 NAME		
STREET ADDRESS	1200 S PINE ISLAND RD STE 600	2.3 STREET ADDRESS		
CITY-ST-ZIP	PLANTATION FL 33324	2.4 CITY-ST-ZIP		
TITLE	D	3.1 TITLE	V D	☒ Change ☐ Addition
NAME	CREED, JERE D	3.2 NAME		
STREET ADDRESS	1200 S PINE ISLAND RD STE 600	3.3 STREET ADDRESS		
CITY-ST-ZIP	PLANTATION FL 33324	3.4 CITY-ST-ZIP		
TITLE	D	4.1 TITLE	V D	☒ Change ☐ Addition
NAME	BADAL, JOSEPH J	4.2 NAME		
STREET ADDRESS	1200 S PINE ISLAND RD STE 600	4.3 STREET ADDRESS		
CITY-ST-ZIP	PLANTATION FL 33324	4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE	V T	☐ Change ☒ Addition
NAME		5.2 NAME	Blanford, Mary Ann	
STREET ADDRESS		5.3 STREET ADDRESS	1200 S. Pine Island Rd., Suite 500	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Plantation, FL 33324	
TITLE		6.1 TITLE	S	☐ Change ☒ Addition
NAME		6.2 NAME	McCleary Jr., George W.	
STREET ADDRESS		6.3 STREET ADDRESS	1200 S. Pine Island Rd., Suite 600	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Plantation, FL 33324	

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)(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.

SIGNATURE: _____ 1/24/95 (305)475-1300
SIGNATURE AND TYPED OR PRINTED NAME OF DAINING OFFICER OR DIRECTOR — Date — (Daytime Phone)
Mary Ann Blanford

0233118 CP

P93000081942

NORTH PRIMARY CARE, INC.

Additional Officers:

Title:	**Assistant Secretary**
Name:	**Small, Daniel**
Address:	**1200 S. Pine Island Road, Suite 600**
City-ST-Zip:	**Plantation, FL 33324**

Title:	**Assistant Secretary**
Name:	**Warlen, Neesa**
Address:	**1200 S. Pine Island Road, Suite 600**
City-ST-Zip	**Plantation, FL 33324**