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CORPORATION
ANNUAL REPORT
1995

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

APPROVED
AND
FILED

95 JUL -6 PM 9:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DO NOT WRITE IN THIS SPACE

DOCUMENT # **P94000001379 (4)**

1. Corporation Name
UNITED PHYSICIANS CARE NETWORK, INC.

Principal Place of Business
~~ATTN: FRANK LAVERNIA, M.D.~~
~~SUITE 2, 1347 EAST SAMPLE ROAD~~
~~POMPANO BEACH FL 33064~~

Mailing Address
~~ATTN: FRANK LAVERNIA, M.D.~~
~~SUITE 2, 1347 EAST SAMPLE ROAD~~
~~POMPANO BEACH FL 33064~~

3. Date Incorporated or Qualified: 12/28/1993
3a. Date of Last Report: 04/06/1994

2. Principal Place of Business
21 Attn: Ronald Molluzzo MD
22 Suite, Apt. #, etc. 3301 NE 52nd St. #301
23 City & State Lighthouse Point Fla.
24 Zip 33064
25 Country USA

2a. Mailing Address
26 Attn: Ronald Molluzzo MD
27 Suite, Apt. #, etc. 3301 NE 52nd St #301
28 City & State Lighthouse Pt Fla.
29 Zip 33064
30 Country USA

4. FEI Number 65-0467413 — 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. The corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent
FARRELL, JAMES A
777 S. FLAGLER DRIVE
SUITE 200 EAST
WEST PALM BEACH 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 Ronald Molluzzo MD (Sec Treas) 6/2/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	D ☐ Change ☒ Addition
NAME	AARON, ARNOLD	1.2 NAME	Ronald Molluzzo MD
STREET ADDRESS	1357 S. MILITARY TRAIL	1.3 STREET ADDRESS	3301 NE 52nd St. #301
CITY ST ZIP	DEERFIELD BEACH FL 33442	1.4 CITY ST ZIP	Lighthouse Pt, Fla. 33064-7074
TITLE	D	2.1 TITLE	D ☐ Change ☒ Addition
NAME	ALTSCHULER, HAROLD	2.2 NAME	Harold Altschuler MD
STREET ADDRESS	ONE WEST SAMPLE ROAD, SUITE 302	2.3 STREET ADDRESS	One Med Plaza 1 West Sample Rd #302
CITY ST ZIP	POMPANO BEACH FL 33064	2.4 CITY ST ZIP	Pompano Bch, Fla. 33064
TITLE	D	3.1 TITLE	D ☐ Change ☒ Addition
NAME	CASCONE, JOSEPH	3.2 NAME	S Zahid H. Qureshi MD
STREET ADDRESS	50 EAST SAMPLE ROAD	3.3 STREET ADDRESS	7118 Southgate Blvd.
CITY ST ZIP	POMPANO BEACH FL 33064	3.4 CITY ST ZIP	North Lauderdale, Fla. 33068
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	COMITER, DON	4.2 NAME	
STREET ADDRESS	ONE WEST SAMPLE ROAD, SUITE 305	4.3 STREET ADDRESS	
CITY ST ZIP	POMPANO BEACH FL 33064	4.4 CITY ST ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	KLEINHENZ, DOMINIC	5.2 NAME	
STREET ADDRESS	1821 N.E. 25TH ST.	5.3 STREET ADDRESS	
CITY ST ZIP	LIGHTHOUSE POINT FL 33064	5.4 CITY ST ZIP	
TITLE	~~PD~~	6.1 TITLE	☐ Change ☐ Addition
NAME	~~LAVERNIA, FRANK~~	6.2 NAME	
STREET ADDRESS	~~1347 EAST SAMPLE ROAD, SUITE 2~~	6.3 STREET ADDRESS	
CITY ST ZIP	~~POMPANO BEACH FL 33064~~	6.4 CITY ST ZIP	CH

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. 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: Ronald Molluzzo 6/1/95 305-570-8555
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone Number

0107095 CP