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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P94000001379 (4)**

1. Corporation Name

UNITED PHYSICIANS CARE NETWORK, INC.

Principal Place of Business

ATTN: FRANK LAVERNIA, M.D.
2201 N.E. 52ND #201
LIGHTHOUSE POINT FL 33064

RONALD Molluzzo

Mailing Address

ATTN: FRANK LAVERNIA, M.D.
2201 N.E. 52ND #201
LIGHTHOUSE POINT FL 33064

RONALD Molluzzo

2. Principal Place of Business
21 2201 NE 52 ST
22 Suite, Apt. #, etc. 200
23 City & State: LIGHTHOUSE POINT
24 Zip: FLA 33064 25 Country: 33064

2a. Mailing Address
26 2201 NE 52 ST
27 Suite, Apt. #, etc. 200
28 City & State: LHP FLA
29 Zip: 33064 30 Country: USA

3. Date Incorporated or Qualified: 12/28/1993

3a. Date of Last Report: 07/06/1995

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. This 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: James A. Farrell
82 Street Address (P.O. Box Number is Not Acceptable): 250 Australian Avenue, South
83 Suite 500
84 City: West Palm Beach FL 85 Zip Code: 33401

11. Pursuant to the provisions of Sections 607.0202 and 617.1502, 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: J. A. FM Date: 4-4-96

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D AARON, ARNOLD 1357 S. MILITARY TRAIL DEERFIELD BEACH FL 33442	☐ DELETE	1 TITLE / 2 NAME / 3 STREET ADDRESS / 4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ALTSCHULER, HAROLD ONE WEST SAMPLE ROAD, SUITE 302 POMPANO BEACH FL 33064	☐ DELETE	2 TITLE / 2 NAME / 2 STREET ADDRESS / 2 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CASCONE, JOSEPH 50 EAST SAMPLE ROAD POMPANO BEACH FL 33064	☒ DELETE	3 TITLE / 3 NAME / 3 STREET ADDRESS / 3 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D COMITER, DON ONE WEST SAMPLE ROAD, SUITE 305 POMPANO BEACH FL 33064	☒ DELETE	4 TITLE / 4 NAME / 4 STREET ADDRESS / 4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KLEINHENZ, DOMINIC 1821 N.E. 25TH ST. LIGHTHOUSE POINT FL 33064	☒ DELETE	5 TITLE / 5 NAME / 5 STREET ADDRESS / 5 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MOLLUZZO, RONALD 2201 N.E. 52ND ST. #201 LIGHTHOUSE POINT FL 33064-7074	☐ DELETE	6 TITLE / 6 NAME / 6 STREET ADDRESS / 6 CITY-ST-ZIP	☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is complete, accurate and not misleading. 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: Ronald Molluzzo 3/27/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)