## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997

**SIGNATURE:** 



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

**FILED** 

Apr 30 1997 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P9400001379 (4)

UNITED PHYSICIANS CARE NETWORK, INC.

Principal Place	e of Husiness	Mailin	Mailing Address					-				
2201 NE 25ND	ST	2201 N	2201 NE 52NO ST									
SUITE 200			SUITE 200									
LIGHTHOUSE POINT FL 33064			LIGHTHOUSE POINT FL 33084-7074 US					A Data transported as Cupition	10. 0.	In of Look D		
US								3. Date Incorporated or Qualified 12/28/1993		le of Last R <b>9/1996</b>	epon	
	ace of Business	2a. Ma	ailing Address					4. FEI Number		Ar	plied For	
21		26						65-0467413			ot Applicable	
Suite, Apt 22	#, etc.	27 Su	iite, Apt. #, etc.					5. Certificate of Status Desired			Additional equired	
City & State	9	Cit	ty & State					6. Election Campaign Financing		\$5.00	May Be	
23		28	28					Trust Fund Contribution				
Zην	Country	Zij	Zip Cou					8. This corporation has liability for I			199.032,	
24	25		30					Fiorida Statutes Yes No				
	9. Name and Address of Curre	nt Registere	id Agent		+			10. Name and Address of New Re	gistered /	Agent		
JAM	es a farrell				81	Name						
250 Austrialian avenue, s Suite 500					82	Street	Addres	ss (P.O. Box Number is Not Acceptab	le)			
,	T PALM BEACH FL 33401									***************************************	····	
					84	City			FL	<b>85</b> Zip	Code	
dd Dun onti	to the are disingle of Contage COZ DEC	12 and 607 :	1500 Etorida Statu	ton the	1	namad		ration submits this statement for the p		changing if	to recipion d	
office or re	egistered agent, or both, in the State	of Florida.	Such change was	authoriz	ed by	the cor	poratio	in's board of directors. I hereby accep	of the appoint	ointment as	registered	
agent Lai	m familiar with land accept the oblig	ations of, Se	ection 607.0505, Fi	lorida St	atutes	•						
SIGNATURE		and such title. I am	sionble (NO	TE Dominto	100 400	Lainnahar	n manufact	Tubos releasation	DATE			
12.	Styr at its, typed or pro tod name of registered agent and title 1 applicable. (NOTE Pegister  OFFICERS AND DIRECTORS  13.				gistered Agent signature require		e tednisea	ADDITIONS/CHANGES TO OFFICE		DIRECTOR	NS IN 12	
DILF	D DELETE				1.1 TITLE		<b>T</b>	AND IT OF THE OF THE OF THE	10 7,10	Change	Addition	
NAME	AARON, ARNOLD				NAME		1					
STREET ADDRESS	1357 S. MILITARY TRAIL			1		ADDRESS						
COTY - ST - ZIP	DEERFIELD BEACH FL 33442				CITY-\$1						i	
BILE	D		DELETE		TITLE		<del> </del>			Change	Addition	
NAME	ALTSCHULER, HAROLD			2.2	NAME					•		
STREET ADDRESS	ONE WEST SAMPLE ROAD, S	UITE 302		2.3	STREET	ADDRESS						
Citr-St ZiP	POMPANO BEACH FL 33064				CITY-S							
Tille	D		DELETE		TITLE	, <u></u>	1	· · · · · · · · · · · · · · · · · · ·		Change	Addition	
NAME	MOLLUZZO, RONALD			3.2	NAME							
STREET ADDRESS	2201 N.E. 52ND ST. #201			33	STAEET	address						
CHY-ST-Z-P	LIGHTHOUSE POINT FL 33064	1-7074			CITY·S		1				i	
lift		<u> </u>	DELETE		TITLE		<del>                                     </del>	100,000,000,000		Change	Addition	
NAME				4.2	NAME					-		
STREET ADDRESS				- 1		ADDRESS				i	ĺ	
CHY-S1-ZIP				4.4	CITY-ST	- ZIP						
TILLE	······································		☐ DELETE		THLE					Change	Addition	
NAM <u>:</u>				52	NAME							
STREET ADDRESS				5.3	STREET	ADDRESS					ľ	
CHY-ST-7F					CITY SI							
TITLE			DELETE		TITLE		1		.,	Change	Addition	
NAME				6.2	NAME		1				Ì	
STREET ADDRESS				6.3	STREET	ADDB598						
DITY-ST-Z-P					CHT SI	- ,	1					
	by certify that the information supplies	d with this f	iling does not qual				stated in	n Section 119.07(3)(i), Florida Statutes ny signature shall have the same lega	s. I further	certify that	the	
informatio	n indicated on this arrival report or :	supplement	al annual report 🕼	trae ant	accu	rate and	o that o	ny signature shall have the same lega	i effect as	ir made un	der oath; that	