FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P94000003846 (0)**

1. Corporation Name

SOUTH FLORIDA PRIMARY CARE ASSOCIATES, INC.

Principal Place of Business

1117 E HALLANDALE BEACH BLVD
HALLANDALE FL 33009

Mailing Address

1117 E HALLANDALE BEACH BLVD
HALLANDALE FL 33009

3. Date Incorporated Or Qualified: **01/14/1994**

3a. Date of Last Report: **04/28/1995**

4. FEI Number: **NOT APPLICABLE** ☐ 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

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

9. Name and Address of Current Registered Agent

THOMAS, THOMAS A
1117 E HALLANDALE BEACH BLVD
HALLANDALE FL 33009

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 Section 607.0502 and F.S. 140(3), 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:

12. OFFICERS AND DIRECTORS ☐ DELETE

TITLE	D
NAME	SAYFIE, ERNEST G
STREET ADDRESS	1117 E HALLANDALE BEACH BLVD
CITY-ST-ZIP	HALLANDALE FL 33009
TITLE	D
NAME	SAYFIE, JORDAN S
STREET ADDRESS	1117 E HALLANDALE BEACH BLVD
CITY-ST-ZIP	HALLANDALE FL 33009
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☐ Addition

1 TITLE	
2 NAME	
3 STREET ADDRESS	
4 CITY-ST-ZIP	☐ Change ☐ Addition
5 TITLE	
6 NAME	
7 STREET ADDRESS	
8 CITY-ST-ZIP	☐ Change ☐ Addition
9 TITLE	
10 NAME	
11 STREET ADDRESS	
12 CITY-ST-ZIP	☐ Change ☐ Addition
13 TITLE	
14 NAME	
15 STREET ADDRESS	
16 CITY-ST-ZIP	☐ Change ☐ Addition
17 TITLE	
18 NAME	
19 STREET ADDRESS	
20 CITY-ST-ZIP	☐ Change ☐ Addition

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 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 added, above.

SIGNATURE: X Ernest G. Sayfie 4/17/96 DATE 954-458-1600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)

0081420 CP