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

APPROVED AND FILED

95 FEB 27 PM 3:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000013443 (4)**

1. Corporation Name
PRIMARY CARE OF HOLLYWOOD, INC.

Principal Place of Business	Mailing Address
750 SOUTH FEDERAL HIGHWAY BERNARD MILLOFF MEDICAL CENTER HOLLYWOOD FL 33020	750 SOUTH FEDERAL HIGHWAY BERNARD MILLOFF MEDICAL CENTER HOLLYWOOD FL 33020

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/17/1994
3a. Date of Last Report:

2. Principal Place of Business (21):
2a. Mailing Address (26):

Suite, Apt. #, etc. (22):
Suite, Apt. #, etc. (27):

City & State (23):
City & State (28):

Zip (24): Country (25):
Zip (29): Country (30):

4. FEI Number: 65-0470026 ☐ 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

B & C CORPORATE SERVICES INC.
170 N.W. FIRST AVENUE
STE. 2000 COURTHOUSE CENTER
MIAMI FL 33128-0065

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 mandatory.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	VD	☒ Change ☐ Addition
NAME	SILVER, STANLEY M M.D.	12 NAME		
STREET ADDRESS	750 SOUTH FEDERAL HIGHWAY	13 STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD FL 33020	14 CITY ST ZIP		
TITLE	D	21 TITLE	VD	☒ Change ☐ Addition
NAME	GOLDSTEIN, LEO M.D.	22 NAME		
STREET ADDRESS	750 SOUTH FEDERAL HIGHWAY	23 STREET ADDRESS		
CITY ST ZIP	HOLLYWOOD FL 33020	24 CITY ST ZIP		
TITLE	D	31 TITLE	PD	☒ Change ☐ Addition
NAME	HIRSCH, HENRY D M.D.	32 NAME		
STREET ADDRESS	750 SOUTH FEDERAL HIGHWAY	33 STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD FL 33020	34 CITY ST ZIP		
TITLE	D	41 TITLE	TD	☒ Change ☐ Addition
NAME	GREENBERG, EDWARD H M.D.	42 NAME		
STREET ADDRESS	750 SOUTH FEDERAL HIGHWAY	43 STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD FL 33020	44 CITY ST ZIP		
TITLE	D	51 TITLE	SD	☒ Change ☐ Addition
NAME	OXENHANDLER, SCOTT M.D.	52 NAME		
STREET ADDRESS	750 SOUTH FEDERAL HIGHWAY	53 STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD FL 33020	54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY ST ZIP		

14. I do hereby certify that the information supplied with this filing is validly 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: X _____ 2/17/95 X (305) 921-0171
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Telephone Number)

000380 CP