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PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P94000013443 (4)

1. Corporation Name

PRIMARY CARE OF HOLLYWOOD, INC.

Principal Place of Business

750 SOUTH FEDERAL HIGHWAY
BERNARD MILLOFF MEDICAL CENTER
HOLLYWOOD FL 33020

Mailing Address

750 SOUTH FEDERAL HIGHWAY
BERNARD MILLOFF MEDICAL CENTER
HOLLYWOOD FL 33020

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

9. Name and Address of Current Registered Agent

KLEIN, THEODORE J
16855 N.E. 2ND AVE., SUITE 301
N. MIAMI BEACH FL 33162

81 Name

Klein, Theodore J

82 Street Address (P.O. Box Number is Not Acceptable)

88 N.E. 168 Street

83

84 City

N. Miami Beach

FL 85 Zip Code 33162

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	<input type="checkbox"/> DELETE	1.1 TITLE
NAME	SILVER, STANLEY M M.D.		1.2 NAME
STREET ADDRESS	750 SOUTH FEDERAL HIGHWAY		1.3 STREET ADDRESS
CITY-ST-ZIP	HOLLYWOOD FL		1.4 CITY-ST-ZIP
TITLE	VD	<input type="checkbox"/> DELETE	2.1 TITLE
NAME	GOLDSTEIN, LEO M.D.		2.2 NAME
STREET ADDRESS	750 SOUTH FEDERAL HIGHWAY		2.3 STREET ADDRESS
CITY-ST-ZIP	HOLLYWOOD FL		2.4 CITY-ST-ZIP
TITLE	PD	<input type="checkbox"/> DELETE	3.1 TITLE
NAME	HIRSCH, HENRY D M.D.		3.2 NAME
STREET ADDRESS	750 SOUTH FEDERAL HIGHWAY		3.3 STREET ADDRESS
CITY-ST-ZIP	HOLLYWOOD FL		3.4 CITY-ST-ZIP
TITLE	TD	<input type="checkbox"/> DELETE	4.1 TITLE
NAME	GREENBERG, EDWARD H M.D.		4.2 NAME
STREET ADDRESS	750 SOUTH FEDERAL HIGHWAY		4.3 STREET ADDRESS
CITY-ST-ZIP	HOLLYWOOD FL		4.4 CITY-ST-ZIP
TITLE	SD	<input type="checkbox"/> DELETE	5.1 TITLE
NAME	OXENHANDLER, SCOTT M.D.		5.2 NAME
STREET ADDRESS	750 SOUTH FEDERAL HIGHWAY		5.3 STREET ADDRESS
CITY-ST-ZIP	HOLLYWOOD FL		5.4 CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE
NAME			6.2 NAME
STREET ADDRESS			6.3 STREET ADDRESS
CITY-ST-ZIP			6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing 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.

Edward Greenberg MD

1/6/98

SIGNATURE:

CR2E034 (10/97)