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 MAY -1 AM 10:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000014494 (6)**

1. Corporation Name
PHYSICIANS ALLIANCE OF FLORIDA, INC.

Principal Place of Business	Mailing Address
909 N.E. . 9TH AVE. DELRAY BEACH FL 33483	909 N.E. . 9TH AVE. DELRAY BEACH FL 33483

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/22/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address	4. FEI Number
21 7499 W. Atlantic Ave	26 7499 W. Atlantic Ave.	65 0469860 ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. 22 Suite 212	Suite, Apt. #, etc. 27 Suite 212	5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
City & State 23 Delray Beach FL	City & State 28 Delray Beach FL	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
Zip / Country 24 33446 / 25 USA	Zip / Country 29 33446 / 30 USA	8. *This corporation has liability for intangible tax under S. 199.032, Florida Statutes* ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
FILINGS INC. 3732 N.W. 16TH ST. FT. LAUDERDALE FL 33311	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 mandating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	PARKER, GERALD K	12 NAME	
STREET ADDRESS	909 N.E. 9TH AVE.	13 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL 33483	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	☒ Change ☐ Addition
NAME	FRANK, NORMAN S	22 NAME	
STREET ADDRESS	909 N.E. 9TH AVE.	23 STREET ADDRESS	7499 W. Atlantic Ave. Suite 212
CITY-ST-ZIP	DELRAY BEACH FL 33483	24 CITY-ST-ZIP	Delray Beach FL 33446
TITLE	D	31 TITLE	☒ Change ☐ Addition
NAME	FRANK, CAROLYN B	32 NAME	
STREET ADDRESS	909 N.E. 9TH AVE.	33 STREET ADDRESS	7499 W. Atlantic Ave Suite 212
CITY-ST-ZIP	DELRAY BEACH FL 33483	34 CITY-ST-ZIP	Delray Beach FL 33446
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		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 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 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: Carolyn B. Frank Carolyn B. Frank 4/24/95 (407) 499-2515
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0278000 CP