

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

FILED
Apr 10 1996 8:00 am
Secretary of State

DOCUMENT # P94000049221 (2)

1. Corporation Name

PRIMEDICA HEALTHCARE, INC.



Principal Place of Business		Mailing Address	
4651 SHERIDAN ST SUITE 400 HOLLYWOOD FL 33021		4651 SHERIDAN ST SUITE 400 HOLLYWOOD FL 33021	
2. Principal Place of Business	2a. Mailing Address	21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State	23. Zip	28. Zip
24. Country	25. Country	29. Country	30. Country

3. Date Incorporated or Qualified 07/01/1994	3a. Date of Last Report 06/02/1995
4. FEI Number 65-0500418	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

MARTUS, JAY A
4651 SHERIDAN STREET
SUITE 400
HOLLYWOOD FL 33021

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	300001775553 -04/10/96--01052--018 ****200.08L ****200.00
84. City	

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 filing change)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D MARTUS, JAY A 1101 BRICKELL AVE SUITE 1100 MIAMI FL 33131	1.1 TITLE	VP/Is Martus, Jay A.
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	P SHAPIRO, MARC D 4651 SHERIDAN ST. STE. 400 HOLLYWOOD FL 33021	2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	VP EISENBERG, MITCHELL 4651 SHERIDAN ST. STE.400 HOLLYWOOD FL 33021	3.1 TITLE	P/D Eisenberg, Mitchell
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	TD FOTSCH, CHARLES 4651 SHERIDAN ST. STE.400 HOLLYWOOD FL 33021	4.1 TITLE	T/O Dennis Gates
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	D GOLD, LEWIS 4651 SHERIDAN ST. STE.400 HOLLYWOOD FL 33021	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	D MOSER, MARK 4651 SHERIDAN ST. STE. 400 HOLLYWOOD FL 33021	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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)(k), 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 in an attachment with an address.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/96

305-980-7770

CR2E034 (12/95)