

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P94000049221 (2)

1. Corporation Name  
PRIMEDICA HEALTHCARE, INC.

Principal Place of Business

4651 SHERIDAN ST  
SUITE 400  
HOLLYWOOD FL 33021

Mailing Address

4651 SHERIDAN ST  
SUITE 400  
HOLLYWOOD FL 33021-3430

FILED  
97 APR 22 AM 11:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



3. Date Incorporated or Qualified  
07/01/1994

3a. Date of Last Report  
04/10/1996

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

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 PVS  
NAME MARTUS, JAY A  
STREET ADDRESS 1101 BRICKELL AVE SUITE 1100  
CITY-ST-ZIP MIAMI FL 33131

11 TITLE VP, S  
12 NAME  
13 STREET ADDRESS  
14 CITY-ST-ZIP

TITLE PD  
NAME EISENBERG, MITCHELL  
STREET ADDRESS 4651 SHERIDAN STREET, SUITE 400  
CITY-ST-ZIP HOLLYWOOD FL 33021

21 TITLE  
22 NAME  
23 STREET ADDRESS  
24 CITY-ST-ZIP

TITLE TD  
NAME GATES, DENNIS  
STREET ADDRESS 4651 SHERIDAN STREET, SUITE 400  
CITY-ST-ZIP HOLLYWOOD FL 33021

31 TITLE  
32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP

TITLE D  
NAME GOLD, LEWIS  
STREET ADDRESS 4651 SHERIDAN STREET, SUITE 400  
CITY-ST-ZIP HOLLYWOOD FL 33021

41 TITLE  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

51 TITLE COO  
52 NAME MICHAEL SCHONDLER  
53 STREET ADDRESS 4651 SHERIDAN STREET, SUITE 400  
54 CITY-ST-ZIP HOLLYWOOD FL 33021

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

61 TITLE  
62 NAME MWB  
63 STREET ADDRESS  
64 CITY-ST-ZIP

14. I do 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.

SIGNATURE: By: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
JAY A. MARTUS, V.P.

4/17/97 954-986-7770  
Date Daytime Phone #

CR2E034 (9/96)