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

APPROVED AND FILED

1998 APR 20 PM 12: 13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT **1998**

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **07/01/1994**

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 Country — 30

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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ 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
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

TITLE	VPS	☐ DELETE
NAME	MARTUS, JAY A	
STREET ADDRESS	1101 BRICKELL AVE SUITE 1100	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	PD	☐ DELETE
NAME	EISENBERG, MITCHELL	
STREET ADDRESS	4651 SHERIDAN STREET, SUITE 400	
CITY-ST-ZIP	HOLLYWOOD FL 33021	
TITLE	TD	☐ DELETE
NAME	GATES, DENNIS	
STREET ADDRESS	4651 SHERIDAN STREET, SUITE 400	
CITY-ST-ZIP	HOLLYWOOD FL 33021	
TITLE	D	☐ DELETE
NAME	GOLD, LEWIS	
STREET ADDRESS	4651 SHERIDAN STREET, SUITE 400	
CITY-ST-ZIP	HOLLYWOOD FL 33021	
TITLE	COO	☐ DELETE
NAME	SCHUNDLER, MICHAEL	
STREET ADDRESS	4651 SHERIDAN ST., STE 400	
CITY-ST-ZIP	HOLLYWOOD FL 33021	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		400002495174--7
1.3 STREET ADDRESS		-04/21/98--01047--015
1.4 CITY-ST-ZIP		****1200.00 ****150.00
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

ASP 4/20/98

CR2E034 (10/97)

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 is added in Block 13 with an addition. PRIMEDICA HEALTHCARE, INC.

SIGNATURE: [illegible] VP 4/14/98 954-988-2220