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Apr 04 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P94000056092 (7)

1. Corporation Name
ATLANTIC HEALTH NETWORK IPA, INC.



Principal Place of Business
5500 VILLAGE BLVD.
103
WEST PALM BEACH FL 33407
US

Mailing Address
5500 VILLAGE BLVD.
103
WEST PALM BEACH FL 33407-1961
US

3. Date Incorporated or Qualified
07/28/1994

3a. Date of Last Report
04/22/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number 65-0507355	Applied For Not Applicable
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
22. City & State	27. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
23. Zip	28. Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
24. Country	29. Country		
25. Country	30. Country		

9. Name and Address of Current Registered Agent

MANKO, GENE
5500 VILLAGE BLVD.
SUITE 103
WEST PALM BEACH FL 33407

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 _____ DATE _____
(Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHECHTMAN, TOMMY MD	1.2 NAME	
STREET ADDRESS	5500 VILLAGE BLVD., SUITE 103	1.3 STREET ADDRESS	
CITY - ST - ZIP	WEST PALM BEACH FL	1.4 CITY - ST - ZIP	
TITLE	TD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STERN, DAVID DO	2.2 NAME	
STREET ADDRESS	5500 VILLAGE BLVD., SUITE 103	2.3 STREET ADDRESS	
CITY - ST - ZIP	WEST PALM BEACH FL	2.4 CITY - ST - ZIP	
TITLE	SD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MANKO, GENE MD	3.2 NAME	
STREET ADDRESS	5500 VILLAGE BLVD., SUITE 103	3.3 STREET ADDRESS	
CITY - ST - ZIP	WEST PALM BEACH FL	3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/97 561-697 4200
Date Daytime Phone #

CR2E034 (9/96)