SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 P94000058104 (8) **DOCUMENT #** PRIMARY HEALTHCARE ASSOCIATES, INC. Mailing Address Principal Place of Business 4300 SHERIDAN STREET 4300 SHERIDAN STREET SUITE 143 SUITE 143 HOLLYWOOD FL 33021 3. Date Incorporated or Qualified 3a. Date of Last Report HOLLYWOOD FL 33021 US 08/05/1994 04/25/1995 Applied For 4. FEI Number Mailing Address Principal Place of Business 28. 2. NOT APPLICABLE Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc 5. Certificate of Status Desired Fee Required 27 22 \$5.00 May Be City & State 6. Election Campaign Financing City & State Added to Fees Trust Fund Contribution 28 23 This corporation has liability for intangible tax under s. 199.032, Country Country Zip Yes No Florida Statutes 30 29 25 24 Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name SEIDENSTEIN, BRUCE R Street Address (P.O. Box Number is Not Acceptable) 82 4300 SHERIDAN STREET SUITE 143 HOLLYWOOD FL 33021 83 Zip Code 85 84 City 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statules, 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. Thereby accept the appointment as registered agent it am familiar with, and accept the obligations of, Section 607.0505, Florida Statules. SIGNATURE (NOTE Hagisterion Agent signal to required when runstaring) Signature, type dior powerd name of registered agent and the it applicable (3/96) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Addit on DELETE 1.1 TITLE D CR2E034 SEIDENSTEIN, BRUCE R 1.2 NAME NAME 4300 SHERIDAN STREET #143 1.3 STREET ADDRESS STREET ADDRESS HOLLYWOOD FL 1.4 CITY - ST- ZIP CITY-ST-ZIP Change Addition DELETE 2 1 TILLE TITLE 2.2 NAME LERNER SAUL NAME 3650-NORTH 36TH AVENUE SUITE 62 2.3 STREET ADDRESS STREET ADDRESS HOLLYWOOD N 2 4 CITY - SI - ZIP CITY - ST - 2IP Change Addition DELETE 31 TITLE 1 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CITY - ST - 7IP CITY-ST-ZIP Change Addition DELETE 41 TITLE TITLE 4 2 NAMÉ NAME 4.3 STREET ADDRESS STREET ADDRESS 4 4 CITY - ST - ZIP CITY-ST-ZIP Change Add-tion DELETE 5.1 TITLE TITLE 5.2 NAME NAME

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 supplements annual report is true and accurate and that my signature shall have the same legal effect as if made under ordiff that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Black 13 if changed is contact. that my name appears in Block 12 or Block 13 if changed or on an attachment with an address

5 3 STREET ADDRESS

6.3 STREET ADDRESS

64 CITY - ST - ZIP

5.4 CHTY - ST - 7IP

61 THTLE

6.2 NAME 3.

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

DELETE

7/22/96 (54)985

Add fin

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