

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**APPROVED AND FILED**

95 MAY 17 AM 8:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # P94000062000 (2)  
1. Corporation Name  
**FIRST PHYSICIAN CARE OF SOUTH FLORIDA, INC.**

Principal Place of Business: 2500 WINDY RIDGE PKWY., SUITE 320 ATLANTA GA 30339  
Mailing Address: 2500 WINDY RIDGE PKWY., SUITE 320 ATLANTA GA 30339

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/23/1994  
3a. Date of Last Report

4. FEI Number: 65-0517256  
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  
**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

B1 Name  
B2 Street Address (P.O. Box Number is Not Acceptable)  
B3  
B4 City  
**FL** B5 Zip Code

11. Pursuant to the provisions of Sections 607.0507 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 607.0509, Florida Statutes.

SIGNATURE \_\_\_\_\_  
Agent (Agent's printed name of registered agent and title of agent) \_\_\_\_\_  
Registered Agent (signature required area reserved) \_\_\_\_\_ (Att)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>D</b>	<b>GEORGE, STEPHEN A 2500 WINDY RIDGE PKWY., SUITE 320 ATLANTA GA 30339</b>	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAM		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY, ST, ZIP		1.4 CITY, ST, ZIP	
TITLE		2.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	<b>P</b>
NAM		2.2 NAME	<b>Donald B. Smallwood</b>
STREET ADDRESS		2.3 STREET ADDRESS	<b>2500 Windy Ridge Pkwy, Suite 320</b>
CITY, ST, ZIP		2.4 CITY, ST, ZIP	<b>Atlanta, GA 30339</b>
TITLE		3.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	<b>S</b>
NAM		3.2 NAME	<b>Leah B. Parker</b>
STREET ADDRESS		3.3 STREET ADDRESS	<b>2500 Windy Ridge Pkwy, Suite 320</b>
CITY, ST, ZIP		3.4 CITY, ST, ZIP	<b>Atlanta, GA 30339</b>
TITLE		4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAM		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	
NAM		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	
NAM		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY, ST, ZIP		6.4 CITY, ST, ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 319.02(2)(b), 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: *Leah B. Parker* Secretary  
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

*5/1/95*  
Date

(404) 480-4800  
Telephone Number