

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

APPROVED  
AND  
FILED

1996 AUG -5 PM 11: 28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

3. Date Incorporated or Qualified

08/23/1994

3a. Date of Last Report

05/17/1995

2. Principal Place of Business

21 3200 Windy Hill Rd.

2a. Mailing Address

26 3200 Windy Hill Rd

Suite, Apt. #, etc.

22 Suite 400W

Suite, Apt. #, etc.

27 Suite 400W

City & State

23 Atlanta, GA

City & State

28 Atlanta, GA

Zip

24 30339

Country

25 USA

Zip

29 30339

Country

30 USA

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

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 D ☐ DELETE

NAME GEORGE, STEPHEN A  
STREET ADDRESS 2500 WINDY RIDGE PKWY., SUITE 320  
CITY-ST-ZIP ATLANTA GA 30339

TITLE P ☐ DELETE

NAME SMALLWOOD, DONALD B  
STREET ADDRESS 2500 WINDY RIDGE PKWY., STE 320  
CITY-ST-ZIP ATLANTA GA

TITLE S ☐ DELETE

NAME PARKER, LEAH B  
STREET ADDRESS 2500 WINDY RIDGE PKWY, STE 320  
CITY-ST-ZIP ATLANTA GA

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '95

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME  
1.3 STREET ADDRESS 3200 Windy Hill Rd, Suite 400W  
1.4 CITY-ST-ZIP Atlanta, GA 30339

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS 3200 Windy Hill Rd, Suite 400W  
2.4 CITY-ST-ZIP Atlanta, GA 30339

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS Kori A. Hardesty  
3.4 CITY-ST-ZIP 3200 Windy Hill Rd Suite 400W  
Atlanta, GA 30339

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS 300001915163  
4.4 CITY-ST-ZIP -08/07/96--01043--005  
\*\*\*\*200.00 \*\*\*\*200.00

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

14. I do hereby certify that the information supplied with this filing is true and correct 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 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 person or persons 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 otherwise, as required.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

Date

Daytime Phone

7/30/96

770-980-9800