

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



PROFIT
CORPORATION
ANNUAL REPORT
1996



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

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

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

3. Date Incorporated or Qualified 08/23/1994 3a. Date of Last Report 05/17/1995
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

2. Principal Place of Business 2a. Mailing Address
21 3200 Windy Hill Rd. 26 3200 Windy Hill Rd
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 Suite 400W 27 Suite 400W
City & State City & State
23 Atlanta, GA 28 Atlanta, GA
Zip Country Zip Country
24 30339 25 USA 29 30339 30 USA

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent
CT CORPORATION SYSTEM 81 Name
1200 S. PINE ISLAND ROAD 82 Street Address (P.O. Box Number is Not Acceptable)
PLANTATION FL 33324 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GEORGE, STEPHEN A	1.2 NAME	
STREET ADDRESS	2500 WINDY RIDGE PKWY., SUITE 320	1.3 STREET ADDRESS	3200 Windy Hill Rd, Suite 400W
CITY-ST-ZIP	ATLANTA GA 30339	1.4 CITY-ST-ZIP	Atlanta, GA 30339
TITLE	P <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMALLWOOD, DONALD B	2.2 NAME	
STREET ADDRESS	2500 WINDY RIDGE PKWY., STE 320	2.3 STREET ADDRESS	3200 Windy Hill Rd, Suite 400W
CITY-ST-ZIP	ATLANTA GA	2.4 CITY-ST-ZIP	Atlanta, GA 30339
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARKER, LEAH B	3.2 NAME	S/T
STREET ADDRESS	2500 WINDY RIDGE PKWY, STE 320	3.3 STREET ADDRESS	Kori A. Hardesty
CITY-ST-ZIP	ATLANTA GA	3.4 CITY-ST-ZIP	3200 Windy Hill Rd Suite 400W
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	300001915163
CITY-ST-ZIP		4.4 CITY-ST-ZIP	-08/07/96--01043--005
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	****200.00 <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	<input type="checkbox"/> DELETE	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 is true and accurate 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 and that I am duly 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 indicated, as required.

SIGNATURE: *Kori A. Hardesty* DATE: 8/30/96 DAYTIME PHONE: 770-980-9800