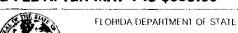
FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT **CORPORATION ANNUAL REPORT** 1997



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000(1. Corporation Name PORT RICHEY MEDICAL CARE ASSO	•			
Principal Place of Business	Mailing Address			60216 12210 1020 40210 19210 2102 1001
9647 LITTLE ROAD NEW PORT RICHEY FL 34654 NEW PORT RICHEY FL 34654 NEW PORT RICHEY FL 34		4654-4948	<u> </u>	
			3. Date Incorporated or Qualified 09/21/1994	3a. Date of Last Report 06/07/1996
2. Principal Place of Business	2a. Mailing Address	4.,,	4. FEI Number	Applied For
21	26		59-3268374	Not Applicable
Sulte, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
City & State	City & State			Fee Required
23	28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country	Zgi	Country	8. This corporation has liability for in	
24 25	29	30		Yes No
9. Name and Address of Current	Registered Agent		10. Name and Address of New Reg	Jistered Agent
RUTHERFORD, THOMAS S		81 Name		
11016 NO. DALE MABRY HIGHWAY TAMPA FL 33618-3802		82 Street Addr	ess (P.O. Box Number is Not Acceptab	e)
		83	02	
		63		
		84 City		FI 85 Zip Code
11. Pursuant to the provisions of Sections 607.0502	and 607.1508. Florida State	ules, the above-named corn	oration submits this statement for the p	· —
 Pursuant to the provisions of Sections 607.0502 office or registered agent, or both, in the State o agent. I am familiar with, and accept the obligation 	Florida, Such change was	authorized by the corporat	ion's board of directors. I hereby accep	t the appointment as registered
SIGNATURE	ons of, electron 607.0305, 7	ional dilities		
Signature, typed or profed name of reprefered agent		Olt - Registered Agent's gnature requi		DATE
12. OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFIC	
TITLE P	DELFTE	1.1 TIME		L. Change L. Addition
NAME KHAN, HAIDER A MD STREET ADDRESS 8847 LITTLE ROAD		1.2 NAMF 1.3 STREET ADDRESS		
CITY-ST-ZIP NEW PORT RICHEY FL		1.4 CITY - ST - 74P		
TITLE Y P	DELETE	21 TITLE		Change Addition
NAME GAFIA KHAN		2.2 NAME		·
STREET ADDRESS SSON DOWNER B	end.	2.3 STREET ADORESS		
CITY-ST-ZIP NEW PIRT RICE	try pe	2 4 CiTY - ST - 7 iF		
TITLE SEC'Y	☐ DELETE	3.1 TITLE		Change Addition
NAME SABILYA KHAN	The All	3.2 NAME		
STREET ADDRESS 5587 Barrier		3.3 STREET AUDRESS		
TITLE TREAS	DELETE	3.4. CITY - ST - ZIP 4.1 TITUE		Change Addition
		4 2 NAME		C outside C voordou
STREET ADDRESS RIG & OHO DT	<u>a-8</u> 08	4.3 STREET ADDRESS		
CITY-ST-ZIP CHICAGO IC		4.4 CITY - S1 - ZIF		
700 c Lean a c and an	DELETE	51 TILLE		Change Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE	B4410	5.2 NAME		
STREET ADDRESS 550 DOWN 4NV	WALLEY COLOR	5.3 STREET ADDRESS		
CITY-ST-ZIP NEW PORT RE	coly pc	5.4 CITY - ST - ZIP		
	LI DELETE	G 1 TILLE		☐ Change ☐ Addition
NAME		G 2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
14. I do hereby certify that the information supplied	with this filing does not qua	6 4 CITY-S1-7IP alify for the exer	19.07(3)(i), Florida Statutes	s. I further certify that the

minimation indicated on this annual report or supplemental annual report is true and acc **l** am an officer or director of the corporation or the receiver or trustee empowered to ex- **appears in Block 12** or Block 13 if changed, or on an attachment with an address

adure shall have the same legal enect as it make another solution adquired by Chapter 607, Florida Statutes; and that my name 413-844-7444

FILED

May 13 1997 8:00am

Secretary of State