

May 13 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P94000069792 (7)			
1. Corporation Name PORT RICHEY MEDICAL CARE ASSOCIATES, INC.			
Principal Place of Business 8847 LITTLE ROAD NEW PORT RICHEY FL 34654		Mailing Address 8847 LITTLE ROAD NEW PORT RICHEY FL 34654-4948	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	
g. Name and Address of Current Registered Agent			
RUTHERFORD, THOMAS S 11016 NO. DALE MABRY HIGHWAY TAMPA FL 33618-3802			81 Name 82 Street Address 83 84 City
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation or registered agent, or both, in the State of Florida. Such change was authorized by the corporation or 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's signature required)			
12. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KHAN, HAIDER A MD 8847 LITTLE ROAD NEW PORT RICHEY FL	<input type="checkbox"/> DELETE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GAFIA KHAN 5501 BOWLINE BLVD NEW PORT RICHEY FL	<input type="checkbox"/> DELETE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECY SABINA KHAN 5501 BOWLINE BLVD NEW PORT RICHEY FL	<input type="checkbox"/> DELETE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREAS NAZEER 610 E. 04TH ST. #808 CHICAGO IL	<input type="checkbox"/> DELETE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR AKBAR KHAN 5501 BOWLINE BLVD NEW PORT RICHEY FL	<input type="checkbox"/> DELETE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE	
13.			
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP			
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP			
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP			
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP			
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP			
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP			
14. I do hereby certify that the information supplied with this filing does not qualify for the exemption information indicated on this annual report or supplemental annual report is true and accurate. I am an officer or director of the corporation or the receiver or trustee empowered to exercise the powers of the corporation. If the information appears in Block 12 or Block 13 if changed, or on an attachment with an address			
SIGNATURE: <i>Sandra B. Mortham</i>			