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Mar 12 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 # P94000081722 (8)

1. Corporation Name
STERLING PHYSICIAN SERVICES OF AMERICA, INC.

Principal Place of Business
6855 S RED ROAD
400
CORAL GABLES FL 33143
US

Mailing Address
6855 S RED ROAD
400
CORAL GABLES FL 33143-3632
US

3. Date Incorporated or Qualified
11/08/1994

3a. Date of Last Report
04/05/1996

4. FEI Number
65-0540726

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 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THE PRENTICE HALL CORPORATION SYSTEM INC
1201 HAYS ST SUITE 105
TALLAHASSEE FL 32301

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 of person 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 12

TITLE ~~P~~
NAME ~~HILL, JOHN~~
STREET ADDRESS ~~2000 WARRINGTON WAY, SUITE 250~~
CITY-ST-ZIP ~~LOUISVILLE KY~~

TITLE ~~VP~~
NAME ~~COLLINS, HOBART~~
STREET ADDRESS ~~2000 WARRINGTON WAY, SUITE 250~~
CITY-ST-ZIP ~~LOUISVILLE KY~~

TITLE ~~TS~~
NAME ~~DRESNICK, STEPHEN J. M. FACEP~~
STREET ADDRESS ~~6855 S RED ROAD SUITE 400~~
CITY-ST-ZIP ~~CORAL GABLES FL~~

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE ☐ Change ☒ Addition
1.2 NAME ~~VP~~
1.3 STREET ADDRESS ~~GREENMAN, JACK~~
1.4 CITY-ST-ZIP ~~6855 S RED ROAD, STE 400~~
~~CORAL GABLES, FL 33143~~

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME ~~VPIT~~
2.3 STREET ADDRESS ~~LASH, STEVEN~~
2.4 CITY-ST-ZIP ~~3636 NOBEL DR., STE 200~~
~~SAN DIEGO, CA 92122~~

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME ~~P/D~~
3.3 STREET ADDRESS ~~DRESNICK, STEPHEN J., M.D.~~
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☒ Addition
4.2 NAME ~~VP/AS/AT~~
4.3 STREET ADDRESS ~~MOORE, CHERYL~~
4.4 CITY-ST-ZIP ~~3636 NOBEL DR., STE 200~~
~~SAN DIEGO, CA 92122~~

5.1 TITLE ☐ Change ☒ Addition
5.2 NAME ~~VPIS~~
5.3 STREET ADDRESS ~~LEBOVITZ, JAMES~~
5.4 CITY-ST-ZIP ~~3636 NOBEL DR., STE 200~~
~~SAN DIEGO, CA 92122~~

6.1 TITLE ☐ Change ☒ Addition
6.2 NAME ~~AS~~
6.3 STREET ADDRESS ~~WATKIN, NANCY K.~~
6.4 CITY-ST-ZIP ~~6855 S RED ROAD, STE 400~~
~~CORAL GABLES, FL 33143~~

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/24/97

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