

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

DOCUMENT # **P94000090889 (4)**

1. Corporation Name

PHYSICIANS CONSULTANT AND MANAGEMENT CORPORATION OF NORTH CAROLINA



Principal Place of Business: **8890 WEST OAKLAND PARK BLVD. STE. 300 FORT LAUDERDALE FL 33351**
Mailing Address: **8890 WEST OAKLAND PARK BLVD. STE. 300 FORT LAUDERDALE FL 33351**

3. Date Incorporated or Qualified: **12/15/1994**
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business: **21 1200 S. PINE ISLAND RD.**
2a. Mailing Address: **26 1200 S. PINE ISLAND RD.**

4. FEI Number: **65-0554952**
Applied For: Not Applicable

22. Suite, Apt. #, etc.: **SUITE 800**
27. Suite, Apt. #, etc.: **SUITE 800**

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

23. City & State: **FORT LAUDERDALE, FL**
28. City & State: **FORT LAUDERDALE, FL**

6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**

24. Zip: **33324** Country: **US**
25. Zip: **33324** Country: **US**

8. This corporation has liability for intangible tax under s 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

FALLETTA, LOUIS J
8890 WEST OAKLAND PARK BLVD. STE. 300
FORT LAUDERDALE FL 33351

10. Name and Address of New Registered Agent

81 Name: **FALLETTA, LOUIS J.**
82 Street Address (P.O. Box Number is Not Acceptable): **1200 S. PINE ISLAND RD.**
83: **SUITE 800**
84 City: **FORT LAUDERDALE** State: **FL** Zip Code: **33324**

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 607.0605, Florida Statutes.

SIGNATURE: *[Signature]* (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	P/O	<input type="checkbox"/> DELETE
NAME	FALLETTA, LOUIS	
STREET ADDRESS	410 SE 28TH AVENUE,	
CITY - ST - ZIP	POMPANO BCH FL 33062-6130	
TITLE	P/O	<input type="checkbox"/> DELETE
NAME	FALLETTA, BARBARA	
STREET ADDRESS	410 SE 28TH AVENUE,	
CITY - ST - ZIP	POMPANO BCH FL 33062-6130	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 voluntarily furnished 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 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]* DATE: **4-19-96** Daytime Phone #: **954 424 3771**

CR2E034 (12/95)