

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 29, 1999 8:00 am  
Secretary of State

04-29-1999 90212 033 \*\*\*150.00

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1. Corporation Name

PHYSICIANS CONSULTANT AND MANAGEMENT CORPORATION  
OF NORTH CAROLINA

Principal Place of Business

777 S FLAGLER DR  
STE 1000E  
WEST PALM BEACH FL 33401  
US

Mailing Address

777 S FLAGLER DR  
STE 1000E  
WEST PALM BEACH FL 33401  
US

2. Principal Place of Business

21 3801 PGA Boulevard

Suite, Apt. #, etc.

22 Suite 901

City & State

23 Palm Beach Gardens, FL

Zip

24 33410

Country

25 U.S.A.

2a. Mailing Address

26 3801 PGA Boulevard

Suite, Apt. #, etc.

27 Suite 901

City & State

28 Palm Beach Gardens, FL

Zip

29 33410

Country

30 U.S.A.

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/15/1994

4. FEI Number

65-0554952

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 owes the current year Intangible

Personal Property Tax. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

SCHUMANN, DENISE  
777 S FLAGLER DR  
STE 1000E  
WEST PALM BEACH FL 33401

10. Name and Address of New Registered Agent

81 Name

Nguyen, Do Quyen T.

82 Street Address (P.O. Box Number is Not Acceptable)

3801 PGA Boulevard

83

Suite 901

84

City Palm Beach Gardens

FL

85

Zip Code 33410

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

Do Quyen T. Nguyen

4/26/99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P/O ☐ DELETE

NAME FALLETTA, LOUIS  
STREET ADDRESS 777 S FLAGLER DR STE 1000E  
CITY-ST-ZIP WEST PALM BEACH FL 33401

TITLE CEO ☐ DELETE

NAME WALSHON, ROBERT F.  
STREET ADDRESS 777 S FLAGLER DR STE 1000E  
CITY-ST-ZIP WEST PALM BEACH FL 33401

TITLE EVP ☒ DELETE

NAME GARDNER, GREGORY F.  
STREET ADDRESS 777 S FLAGLER DR STE 1000E  
CITY-ST-ZIP WEST PALM BEACH FL 33401

TITLE CFO ☐ DELETE

NAME LEATHERS, FREDERICK R.  
STREET ADDRESS 777 S FLAGLER DR STE 1000E  
CITY-ST-ZIP WEST PALM BEACH FL 33401

TITLE S ☒ DELETE

NAME SCHUMANN, DENISE  
STREET ADDRESS 777 S FLAGLER DR STE 1000E  
CITY-ST-ZIP WEST PALM BEACH FL 33401

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

P/O ☒ Change ☐ Addition

1.2 NAME

Falletta, Louis J.

1.3 STREET ADDRESS

3801 PGA Boulevard, Suite 901

1.4 CITY-ST-ZIP

Palm Beach Gardens, FL 33410

2.1 TITLE

CEO ☒ Change ☐ Addition

2.2 NAME

Walshon, Robert F.

2.3 STREET ADDRESS

3801 PGA Boulevard, Suite 901

2.4 CITY-ST-ZIP

Palm Beach Gardens, FL 33410

3.1 TITLE

CEO ☒ Change ☐ Addition

3.2 NAME

Leathers, Frederick R.

3.3 STREET ADDRESS

3801 PGA Boulevard, Suite 901

3.4 CITY-ST-ZIP

Palm Beach Gardens, FL 33410

4.1 TITLE

S ☒ Change ☐ Addition

4.2 NAME

Nguyen, Do Quyen T.

4.3 STREET ADDRESS

3801 PGA Boulevard, Suite 901

4.4 CITY-ST-ZIP

Palm Beach Gardens, FL 33410

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Falletta, 4/26/99, (561) 776-7159

Date

Daytime Phone #

CR2E034 (11/98)