

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

FILED

May 06 1997 8:00am
Secretary of State

| | | |
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| PROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # **P95000009185 (6)**

1. Corporation Name

FLORIDA PHYSICIAN SERVICES, INC.

Principal Place of Business

**515 EAST LAS OLAS BLVD SUITE 1500
FT LAUDERDALE FL 33301**

Mailing Address

**515 EAST LAS OLAS BLVD SUITE 1500
FT LAUDERDALE FL 33301-2288**



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|---|---------------|--------------------------------------|---------------|--|--------------------------------|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified | 3a. Date of Last Report |
| 21 408 West University Avenue | | 26 408 West University Avenue | | 02/03/1995 | 04/18/1996 |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 4. FEI Number | Applied For |
| 22 Suite 108 | | 27 Suite 108 | | 59-3313031 | Not Applicable |
| City & State | | City & State | | 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| 23 Gainesville Florida | | 28 Gainesville Florida | | <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| Zip | Country | Zip | Country | 8. Election Campaign Financing Trust Fund Contribution | |
| 24 32601 | 25 USA | 29 32601 | 30 USA | <input type="checkbox"/> | |
| 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | |

**CHERNIGA, MICHAEL J
101 EAST COLLEGE AVENUE
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, typed or 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 | D | 1.1 TITLE | President |
| NAME | CAUTHEN, JOSEPH C | 1.2 NAME | Joseph C. Cauthen, M.D. |
| STREET ADDRESS | 515 EAST LAS OLAS BLVD SUITE 1500 | 1.3 STREET ADDRESS | 4510 NW 9th Blvd., Suite 1 |
| CITY-ST-ZIP | FT LAUDERDALE FL 33301 | 1.4 CITY-ST-ZIP | Gainesville FL 32605 |
| TITLE | | 2.1 TITLE | Director |
| NAME | | 2.2 NAME | Evan E. Dussia, II, M.D. |
| STREET ADDRESS | | 2.3 STREET ADDRESS | 1911 Miccosukee Rd. |
| CITY-ST-ZIP | | 2.4 CITY-ST-ZIP | Tallahassee FL 32308 |
| TITLE | | 3.1 TITLE | Director |
| NAME | | 3.2 NAME | Kay E. Gilmour, M.D. |
| STREET ADDRESS | | 3.3 STREET ADDRESS | 3550 University Blvd., Suite 202 |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | Jacksonville FL 32216 |
| TITLE | | 4.1 TITLE | Director |
| NAME | | 4.2 NAME | Colin J. Condon, M.D. |
| STREET ADDRESS | | 4.3 STREET ADDRESS | 414 N. Mills Avenue |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | Orlando FL 32803 |
| TITLE | | 5.1 TITLE | Director |
| NAME | | 5.2 NAME | Robert I. Goldberg |
| STREET ADDRESS | | 5.3 STREET ADDRESS | 4300 Atton Road, GI Dept. |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | Miami Beach FL 33140 |
| TITLE | | 6.1 TITLE | Director |
| NAME | | 6.2 NAME | Randy V. Huxtek |
| STREET ADDRESS | | 6.3 STREET ADDRESS | 1324 Lakeland Hills Avenue |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | Lakeland FL 33805 |

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

Date

Daytime Phone #

0250041

CR2E034 (9/96)