

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

FILED
Mar 23 1998 8:00am
Secretary of State

| | | |
|--|---|--|
| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|--|

DOCUMENT # **P95000015095 (9)**
1. Corporation Name
TRAUMA PHYSICIAN NETWORK, INC.

| | |
|--|--|
| Principal Place of Business 201 E. SAMPLE ROAD NORTH BROWARD MEDICAL CENTER POMPANO BEACH FL 33064 | Mailing Address 201 E. SAMPLE ROAD NORTH BROWARD MEDICAL CENTER POMPANO BEACH FL 33064 |
|--|--|



DO NOT WRITE IN THIS SPACE

| | | | | | |
|---|--|---|--|---|--|
| 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 | | 3. Date Incorporated or Qualified 02/22/1995 | |
| 4. FEI Number 65-0563607 | | 5. Certificate of Status Desired <input type="checkbox"/> | | Applied For Not Applicable | |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | | 7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No | | 8.75 Additional Fee Required \$5.00 May Be Added to Fees | |

9. Name and Address of Current Registered Agent

**BURSHAN, KHALIL M.D.
2001 N.E. 48TH COURT
FT LAUDERDALE FL 33308**

10. Name and Address of New Registered Agent

| | | | | |
|---------|---|----|-----------|-------------|
| 81 Name | 82 Street Address (P.O. Box Number is Not Acceptable) | 83 | 84 City | 85 Zip Code |
| | | | FL | |

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 | CP | 1.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CAScone, JOSEPH MD | 1.2 NAME | Cascone, Joseph MD |
| STREET ADDRESS | 9980 CENTRAL PARK BLVD SUITE 210 | 1.3 STREET ADDRESS | 5330 NE 7th AVE |
| CITY-ST-ZIP | BOCA RATON FL 33428 | 1.4 CITY-ST-ZIP | Boca Raton, FL 33487 |
| TITLE | CP | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BURSHAN, KHALIL MD | 2.2 NAME | |
| STREET ADDRESS | 2001 N.E. 48TH COURT | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | FT LAUDERDALE FL 33308 | 2.4 CITY-ST-ZIP | |
| TITLE | V | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SCHULTZ, RICHARD MD | 3.2 NAME | |
| STREET ADDRESS | 2001 N.E. 48TH COURT | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | FT LAUDERDALE FL 33308 | 3.4 CITY-ST-ZIP | |
| TITLE | TS | 4.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | JOHNSON, JUDITH MD | 4.2 NAME | Johnson, Judith MD |
| STREET ADDRESS | 983 UNIVERSITY DRIVE | 4.3 STREET ADDRESS | 983 University Drive |
| CITY-ST-ZIP | CORAL SPRINGS FL 33071 | 4.4 CITY-ST-ZIP | Coral Springs FL 33071 |
| TITLE | | 5.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | 5.2 NAME | Margolis, David MD |
| STREET ADDRESS | | 5.3 STREET ADDRESS | 9980 Central Park Blvd, Suite 210 |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | Boca Raton, FL 33428 |
| TITLE | | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 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.

SIGNATURE: **KHALIL BURSHAN**  **3/17/98**

CR2E034 (10/97)