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Apr 09 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 # P95000019161 (5)

1. Corporation Name

AMERICAN PHYSICIAN PROVIDERS, INC.

Principal Place of Business

Mailing Address

686 N.E. 125TH STREET
NORTH MIAMI FL

686 N.E. 125TH STREET
NORTH MIAMI FL 33161-5546



2. Principal Place of Business

2a. Mailing Address

21 6559 STIRLING ROAD
Suite, Apt. #, etc.

26 6559 Stirling road
Suite, Apt. #, etc.

22 City & State

27 City & State

23 Davie, Fla 33314
Zip Country

28 Davie, Fla 33314
Zip Country

24 33314 25 Broward

29 33314 30 broward

9. Name and Address of Current Registered Agent

BERNSTEIN, ROBERTA
686 N.E. 125TH STREET
NORTH MIAMI FL

3. Date Incorporated or Qualified
03/06/1995

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

4. FEI Number
65-0557970

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

10. Name and Address of New Registered Agent

81 Name CLAUDIA L. MATYISIN

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

6559 STIRLING Road

83

84 City DAVIE

85 Zip Code FL 33314

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 CLAUDIA MATYISIN

(NOTE: Registered Agent signature required when reinstating)

DATE

1-8-97

12. OFFICERS AND DIRECTORS

TITLE D ☒ DELETE
NAME BERNSTEIN, ROBERTA
STREET ADDRESS 686 N.E. 125TH STREET
CITY-ST-ZIP NORTH MIAMI 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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Pres/owner ☒ Change ☐ Addition
1.2 NAME Claudia Matyisin
1.3 STREET ADDRESS 6559 Stirling RD.
1.4 CITY-ST-ZIP Davie, Fla 33314 ☐ Change ☐ Addition

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

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 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. 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:

Claudia Matyisin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-08-97 (954) 316 9987
Date Daytime Phone #

CR2E034 (9/96)