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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P95000019161 (5)

AMERICAN PHYSICIAN PROVIDERS, INC.

686	N.E.	125TH	STREET
MO	YTH I	UIAMI F	1

Principal Place of Business

Mailing Address

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

## FILED Apr 09 1997 8:00am Secretary of State



NORTH MIAMI FL		NORTH MIAMI PL 33161-534	Ю	1			
				3. Date Incorporated or Qualified 03/06/1995		of Last R 1/1996	oport
2. Principal Place of Busines		2a. Mailing Address		4. FEI Number			plied For
6559 STIRLI Suite Apt # etc.	NG ROAD	26 655.9 Suine; Apl. #, etc. 1	naroad	65-0557970		<del></del>	t Applicable
Suite Apt # eth : ** 22		Sune, Apl. #, etc		5. Certificate of Status Desired	X	\$8.75 A	
City & State	2244	City & State		Election Campaign Financing     Trust Fund Contribution		\$5.00 Added	
3 Davie,fla 3	Country	Davie, Fla	3 3 1 4 Country	8. This corporation has liability fo			
24 33314 25	Broward	29 33314	broward	Florida Statutes		No	
9. Name an	d Address of Eurrent R	legistered Agent		10. Name and Address of New F	legistered A	gent	
BERNSTEIN, ROB			81 Name	CLAUDIA L. MATYES	์ก		
688 N.E. 125TH S			82 Siree 7	odrass (P.O. Box Number is Not Accept		1	
NORTH MIAMI FL			83 633	59 STIRLING	_ K <i>€</i> a.	<u>d</u>	
			• • • • • • • • • • • • • • • • • • •				
			84 City		FL	<b>85</b> Zip	Code
11 Pursuant to the receivision	s of Sections 607 0502 a	nd 607 1508. Florida Statutes	the above-pamed	VIE		hanging if	
office or registered agen	I, or both, in the State of	Florida Such change was au	thorized by the 20 p	corporation submits this statement for the poration's board of directors. I hereby acc	ept the appoi	ntment as	registered
21	A 1/1 A A	ins of, Section 607,0505, Flor	ida Statutes	1 mt	1-8	-97	)
SIGNATURE CIAUDII	rno, divarin of rogive/id agent a	nd title if applicable (NOTE.	Registered Agent signature	required when reinstyring)	DATE		
							00 00 100
12.	OFFICERS AND D	DIRECTORS	13.	ADDITIONS/CHANGES TO OFF	ICERS AND I	DIRECTOR	15 IN 12
	OFFICERS AND D	DIRECTORS  *** DELETE	13. 1.1 TUTLE			Change	
TILLE			······································	Pres/owner			
TILLE D  NAME BERNSTEIN STREET AUGUSTSS 686 N.E. 12	, roberta 25th street		1.1 TITLE	Pras/owner Claudia Matyisin			
TILE D  NAME BERNSTEIN  STREET AUDIGSSS 686 N.E. 12	, roberta 25th street		1.1 TITLE 1.2 NAME	Pras/owner Claudia Matyisin 6559 Stirling RD.			
TILE D  NAME BERNSTEIN STREET AUGUSTS CHY-ST-ZIP NORTH MA	, roberta 25th street		1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	Pras/owner Claudia Matyisin	ļ		Additio
TILLE D NAME BERNSTEIN STREET ADDRESS 686 N.E. 12 CHY-ST-ZIP THLE	, roberta 25th street	373J30 <b>kk</b>	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	Pras/owner Claudia Matyisin 6559 Stirling RD.	ļ	<b>₫</b> Change	Additio
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1. I do hereby certry that the information supplied with this filing does not quality 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 as if made under oath; hard an officer or director of the corpy alon or the receiver of 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 pharged, or only in attachment with an address.

SIGNATURE

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

01-08-92 (954)316 9987