

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P95000020277 (6)  
1. Corporation Name

PHYSICIANS MEDICAL GROUP OF FLORIDA, INC.

Principal Place of Business

Mailing Address

5835 BLUE LAGOON DRIVE  
MIAMI FL 33126

5835 BLUE LAGOON DRIVE  
MIAMI FL 33126



700001863897  
-06/17/96--01048--011

3. Date Incorporated on 03/10/1995  
8.75 Date of Report 8.75

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RODRIGUEZ, ALBERTO A  
5835 BLUE LAGOON DRIVE  
MIAMI FL 33126

81 Name

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

83

84 City

-06/17/96--01048--010

\*\*\*\*225.00 \*\*\*\*225.00  
FL 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

TITLE D ☐ DELETE  
NAME KARDATZKE, E. STANLEY M.D.  
STREET ADDRESS 5835 BLUE LAGOON DRIVE  
CITY-ST-ZIP MIAMI FL 33126

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE D ☐ DELETE  
NAME DONNELLY, CLIFFORD W  
STREET ADDRESS 5835 BLUE LAGOON DRIVE  
CITY-ST-ZIP MIAMI FL 33126

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

TITLE D ☐ DELETE  
NAME KLISSANLY, PETER E  
STREET ADDRESS 5835 BLUE LAGOON DRIVE  
CITY-ST-ZIP MIAMI FL 33126

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

TITLE D ☐ DELETE  
NAME HOURANI, ELIAS A M.D.  
STREET ADDRESS 5835 BLUE LAGOON DRIVE  
CITY-ST-ZIP MIAMI FL 33126

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

TITLE S ☐ DELETE  
NAME HAGEMAN, JOHN  
STREET ADDRESS 5835 BLUE LAGOON DR  
CITY-ST-ZIP MIAMI, FL 33126

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, 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

6/14/96

305-265-2920

Expiry Date

CR2E034 (3/96)