
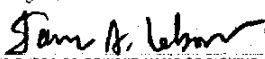


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 22 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 # P95000020277 (6) 1. Corporation Name PHYSICIANS MEDICAL GROUP OF FLORIDA, INC.					
Principal Place of Business 5835 BLUE LAGOON DRIVE MIAMI FL 33126			Mailing Address 5835 BLUE LAGOON DRIVE MIAMI FL 33126-2069		
2. Principal Place of Business 21 6855 South Red Road Suite, Apt. #, etc. 22 500 City & State 23 Coral Gables, FL Zip Country 24 33143 25 USA		2a. Mailing Address 26 3636 Nobel Drive Suite, Apt. #, etc. 27 200 City & State 28 San Diego, CA Zip Country 29 92122 30 USA		3. Date Incorporated or Qualified 03/10/1995	
				3a. Date of Last Report 06/17/1996	
				4. FEI Number 65-0563965	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent WATKIN, NANCY K %FPA MEDICAL MANAGEMENT, INC. 6855 SOUTH RED ROAD, SUITE 500 CORAL GABLES FL 33143-3632			10. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS					
TITLE	D	<input checked="" type="checkbox"/> DELETE	TITLE	President/Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KARDATZKE, E. STANLEY M.D.		1.2 NAME	Seth M. Flam, D.O.	
STREET ADDRESS	5835 BLUE LAGOON DRIVE		1.3 STREET ADDRESS	3636 Nobel Dr., Suite 200, San Diego, CA 92122	
CITY-ST-ZIP	MIAMI FL 33126		1.4 CITY-ST-ZIP		
TITLE	ATO	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	EMP/CFO/Treasurer/Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DONNELLY, CLIFFORD W		2.2 NAME	Steven M. Lash	
STREET ADDRESS	5835 BLUE LAGOON DRIVE		2.3 STREET ADDRESS	3636 Nobel Dr., Suite 200	
CITY-ST-ZIP	MIAMI FL 33126		2.4 CITY-ST-ZIP	San Diego, CA 92122	
TITLE	D	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KLISSANLY, PETER E		3.2 NAME	Sol Lizerbram	
STREET ADDRESS	5835 BLUE LAGOON DRIVE		3.3 STREET ADDRESS	3636 Nobel Dr., Suite 200	
CITY-ST-ZIP	MIAMI FL 33126		3.4 CITY-ST-ZIP	San Diego, CA 92122	
TITLE	PD	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOURANI, ELIAS A M.D.		4.2 NAME	Cheryl A. Moore	
STREET ADDRESS	5835 BLUE LAGOON DRIVE		4.3 STREET ADDRESS	3636 Nobel Dr., Suite 200	
CITY-ST-ZIP	MIAMI FL 33126		4.4 CITY-ST-ZIP	San Diego, CA 92122	
TITLE	S	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	SVP/Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAGEMAN, JOHN		5.2 NAME	James A. Lebovitz	
STREET ADDRESS	5835 BLUE LAGOON DRIVE		5.3 STREET ADDRESS	3636 Nobel Dr., Suite 200, San Diego, CA 92122	
CITY-ST-ZIP	MIAMI FL 33126		5.4 CITY-ST-ZIP		
TITLE	T	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLLADO, RICHARD		6.2 NAME	Brian K. Barnard	
STREET ADDRESS	5835 BLUE LAGOON DRIVE		6.3 STREET ADDRESS	6855 South Red Road, Suite 500	
CITY-ST-ZIP	MIAMI FL 33126		6.4 CITY-ST-ZIP	Coral Gables, FL 33143	
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:  James A. Lebovitz 4/7/97 (619) 824-8620 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

CR2E034 (9/96)