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Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90234 008 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # P95000026185		
1. Corporation Name ✓ FPA MEDICAL GROUP OF FLORIDA, INC.		

Principal Place of Business 3636 NOBEL DR. STE. 200 SAN DIEGO CA 92122 US	Mailing Address 3636 NOBEL DR. STE. 200 SAN DIEGO CA 92122 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 5835 BLUE LAGOON DR 22 4th Floor 23 MIAMI, FL 24 33126 25 U.S.	2a. Mailing Address 26 5835 BLUE LAGOON DR 27 4th Floor 28 MIAMI, FL 29 33126 30 U.S.
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3. Date Incorporated or Qualified 04/03/1995	4. FEI Number 95-4524852
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 owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION FL 33324	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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10. Name and Address of New Registered Agent
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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 _____ (NOT: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD DRESCNICK, STEPHEN J. M.D. 5835 BLUE LAGOON DRIVE MIAMI FL 33126	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	DT KERNER, DOUGLAS E. 3636 NOBEL DR., STE. 200 SAN DIEGO CA 92122	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	DTVP GREENMAN, JACK, S.
STREET ADDRESS		2.3 STREET ADDRESS	5835 BLUE LAGOON DR.
CITY-ST-ZIP		2.4 CITY-ST-ZIP	MIAMI, FL 33126-2007
TITLE	DSVP LEBOVITZ, JAMES A 3636 NOBEL DRIVE, SUITE 200 SAN DIEGO CA 92122	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	12526 HIGH BLUFF DR, SUITE 3
CITY-ST-ZIP		3.4 CITY-ST-ZIP	SAN DIEGO, CA 92130
TITLE	VP BARNARD, BRIAN K. 5835 BLUE LAGOON DRIVE MIAMI FL 33126	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
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, with all other like empowered.

SIGNATURE:  Vice President 4-21-99 (305) 477-1877

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)