

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

|  |  |
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| PROFIT<br>CORPORATION<br>ANNUAL REPORT<br>1998 | FLORIDA DEPARTMENT OF STATE<br>Sandra B. Mortham<br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|--|

DOCUMENT # P95000042344 (8)

1. Corporation Name

PC PHYSICIAN, CORP.

Principal Place of Business

3255 JOHNSON STREET  
HOLLYWOOD FL 33021

Mailing Address

3255 JOHNSON STREET  
HOLLYWOOD FL 33021

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29

Country

30

Country

9. Name and Address of Current Registered Agent

BEHRENS, WILLIAM W  
3255 JOHNSON STREET  
HOLLYWOOD FL 33021

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

Signature, typed or printed name of registered agent and for, if applicable

(NOTE: Registered Agent signature required when reissuing)

DATE

|                            |                     |   |                    |
|----------------------------|---------------------|---|--------------------|
| 12. OFFICERS AND DIRECTORS |                     | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                    |
| TITLE                      | PT                  | <input type="checkbox"/> DELETE                       | 1.1 TITLE          |
| NAME                       | BEHRENS, WILLIAM W  |   | 1.2 NAME           |
| STREET ADDRESS             | 3255 JOHNSON STREET |   | 1.3 STREET ADDRESS |
| CITY-ST-ZIP                | HOLLYWOOD FL        |   | 1.4 CITY-ST-ZIP    |
| TITLE                      | VPS                 | <input checked="" type="checkbox"/> DELETE            | 2.1 TITLE          |
| NAME                       | BEHRENS, PATRICIA L |   | 2.2 NAME           |
| STREET ADDRESS             | 3255 JOHNSON STREET |   | 2.3 STREET ADDRESS |
| CITY-ST-ZIP                | HOLLYWOOD FL        |   | 2.4 CITY-ST-ZIP    |
| TITLE                      |                     | <input type="checkbox"/> DELETE                       | 3.1 TITLE          |
| NAME                       |                     |   | 3.2 NAME           |
| STREET ADDRESS             |                     |   | 3.3 STREET ADDRESS |
| CITY-ST-ZIP                |                     |   | 3.4 CITY-ST-ZIP    |
| TITLE                      |                     | <input type="checkbox"/> DELETE                       | 4.1 TITLE          |
| NAME                       |                     |   | 4.2 NAME           |
| STREET ADDRESS             |                     |   | 4.3 STREET ADDRESS |
| CITY-ST-ZIP                |                     |   | 4.4 CITY-ST-ZIP    |
| TITLE                      |                     | <input type="checkbox"/> DELETE                       | 5.1 TITLE          |
| NAME                       |                     |   | 5.2 NAME           |
| STREET ADDRESS             |                     |   | 5.3 STREET ADDRESS |
| CITY-ST-ZIP                |                     |   | 5.4 CITY-ST-ZIP    |
| TITLE                      |                     | <input type="checkbox"/> DELETE                       | 6.1 TITLE          |
| 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.

SIGNATURE:

William W. Behrens

7/16/98 954/981-4446

CR2E034 (10/97)