**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 # **P95000071139 (6)**

1. Corporation Name

**PLANTATION HEALTH ASSOCIATES, INC.**

Δ of Corporation Name! Outpatient Provider Networks, Inc.

Principal Place of Business
**8320 W. SUNRISE BLVD.**
**SUITE 105**
**PLANTATION FL 33322**

Mailing Address
**8320 W. SUNRISE BLVD.**
**SUITE 105**
**PLANTATION FL 33322**

3. Date Incorporated or Qualified: **09/15/1995**
3a. Date of Last Report:

2. Principal Place of Business
21 430 NW 112 Ave
Suite, Apt #, etc
22
City & State
23 Coral Springs, Fl
Zip 24 33071
Country 25 USA

2a. Mailing Address
26 430 NW 112 Ave
Suite, Apt #, etc
27
City & State
28 Coral Springs, Fl
Zip 29 33071
Country 30 USA

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**

**SHAMES, CARY B**
**8320 W. SUNRISE BLVD, SUITE 105**
**PLANTATION FL 33322**

**10. Name and Address of New Registered Agent**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 430 NW 112 Ave
83
84 City Coral Springs FL 85 Zip Code 33071

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 _____ Date 5/30/96
Signature of a new registered agent and title if applicable (NOTE: Registered Agent signature required when resigning)

**12. OFFICERS AND DIRECTORS**

| | |
|---|---|
| TITLE | D ☐ DELETE |
| NAME | SHAMES, CARY B |
| STREET ADDRESS | 8320 W. SUNRISE BLVD, SUITE 105 |
| CITY-ST-ZIP | PLANTATION FL 33322 |
| TITLE | ☐ DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | ☐ DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | ☐ DELETE |
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| CITY-ST-ZIP | |
| TITLE | ☐ DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | ☐ DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

| | |
|---|---|
| 1.1 TITLE | ✓ Change ☐ Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | 430 NW 112 Ave |
| 1.4 CITY-ST-ZIP | Coral Springs Fl 33071 |
| 2.1 TITLE | ☐ Change ☐ Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | ☐ Change ☐ Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | ☐ Change ☐ Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | ☐ Change ☐ Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | ☐ Change ☐ Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY-ST-ZIP | |

CR2E034 (3/96)

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:** _____ 5/30/96 954-252-2648
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

0095480 CR