

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

PROFIT CORPORATION ANNUAL REPORT 1999	FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 95000095633  
1. Corporation Name

PRIMARY CARE PROVIDERS OF WESTON P.A.

Principal Place of Business 4801 S. UNIVERSITY DRIVE #104 DAVIE FL 33328  
Mailing Address 530 PALM BLVD. WESTON FL 33326

95 FEB 19 11 8:21

SECRETARY OF STATE  
INITIALS

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	12/18/95
4. FEI Number	65-0628200
5. Certificate of Status Desired	<input checked="" 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

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
VACKER, MARK A 4801 S. UNIVERSITY DRIVE DAVIE FL 33328	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 600002787526-3 84 City -02/25/99-01073-019 *****875 85*****8.75

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 resigning) DATE

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE P NAME VACKER, MARK A STREET ADDRESS 4801 S. UNIVERSITY DRIVE CITY-ST-ZIP DAVIE FL 33328	11 TITLE 12 NAME 13 STREET ADDRESS 600002787526-3 14 CITY-ST-ZIP -02/25/99-01073-020 21 TITLE *****150.00 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP *****150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	61 TITLE 62 NAME 63 STREET ADDRESS 64 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: [Signature] 2/16/99 9544341705  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR