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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

**DIVISION OF CORPORATIONS** 

## DOCUMENT # P96000011339 (4)

NATIONAL PHYSICIAN SERVICES, INC.

Principal Place of Business

Mailing Address

2645 SW 37TH AVE. SUITE 502 CORAL GABLES FL 33135 2645 SW 37TH AVE. SUITE 502 CORAL GABLES FL 33133-2744

## FILED Jul 21 1997 8:00am Secretary of State



OUNT OFFICE	20 12 00/00		00,000										
								Incorporated or Qualit	fied	3a. Date	of Last F	Report	
2. Principal P	lace of Busin	oss	2a. Mailing	2a. Mailing Address					umber 074	5 7	10	A	pplied For
21		26	26					5 - 0		17	N	ot Applicable	
Suite, Apt.	#, etc.	Suite, /	Suite, Apt. #, etc.					and of Chat in Desire			\$8.75	Additional	
22		27	27					cate of Status Desired	U		Fee R	equired	
City & State	e		City &	State				6. Election	on Campaign Financi	 ng		\$5.00	May Be
23			28					l l	Fund Contribution				to Fees
Ziρ	,	Country	Zip.		C	ountry	/	8. This c	orporation has liability	y for in	tangible ta	x under s	s. 199.032,
24		25	29		30			Florida	a Statutes		Yos 🔲	No	
	9, Name	and Address of Curre	nt Registered A	gent				10, Name	and Address of Ne	w Reg	istered Ag	jent	
PROFESSIONAL REGISTERED AGENT CORP.							1 Name						
		NE BLVD, SUITE 235				82	Stroot A	ddroce (P.C. Bo	v Number is Not Asse	anlahk	<u>,, , , , , , , , , , , , , , , , , , ,</u>		
MIAMI FL 33131						02	12 Street Address (P.O. Box Number is Not Acceptable)						
						<del> </del>							
						84	City				<b></b>	85 Zip	Code
	<u> </u>						<u></u>				FL		
11, Pursuant office or r agent. I a	to th <b>e</b> provisi registered ag am f <mark>amil</mark> iar wit	ons of Sections 607.050 ent, or both, in the State th, and accept the oblig	02 and 607,1508 of Florida, Such jations of, Section	, Florida Statut i change was i n 607,0505, Fl	les, the authoriz orida St	aboy ed by lalule	e-named c y the corpc s.	corporation subm oration's board o	nits this statement for of directors. I hereby a	the pu accept	rpose of c the appoi	hanging i niment as	ts registered registered
SIGNATURE	Signature, typical	or printed name of tegistered ag	ont and tile if applicab	lo (NOT	E Flegiste	red Ag	oni signature ro	oqured when renstatin	ng)		[JA]E		
12.		OFFICERS AN	D DIRECTORS		13	3.		ADDITI	ONS/CHANGES TO C	OFFICE	RS AND D	IRECTO	RS IN 12
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STREET ADDRESS 2645 SW 37TH AVE, SUITE 502						1.3 STREET ADDRESS							
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CITY-ST-ZIP			_ / _ /	1	6.4	CITY-5	ST - ZIP						
14 Ldo heret	by certify that	the information supplies	d with this filling	does not quali				ated in Section 1	19.07(3)(i). Florida St	atutas	Lifurlher c	ertify that	the

I do nereby certify that the information supplied with this filing class not quality 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 eath; that I am an officer or director of the corporation or the received 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 true an attachment with an address.

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14. I do hereby certify that the information supplied with this fill information indicated on this annual report or supplemental I am an officer or director of the corporation or the received.

appears in Block 12 or Block 13 if changed, or on an atta

PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1997 DOCUMENT # P96000011339 (4) NATIONAL PHYSICIAN SERVICES, INC. Principal Place of Business Mailing Address 2645 SW 37TH AVE. SUITE 502 2645 SW 37TH AVE. SUITE 502 CORAL GABLES FL 33133-2744 CORAL GABLES FL 33135 3a. Date of Last Report 3. Date Incorporated or Qualified 02/01/1996 2. Principal Place of Business 2a. Mailing Address Applied For 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032, 25 30 Florida Statutes Yes No 24 29 g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name PROFESSIONAL REGISTERED AGENT CORP. 200 S BISCAYNE BLVD, SUITE 2350 82 Street Address (P.O. Box Number is Not Acceptable) MIAMI FL 33131 83 84 City 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 filled applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. (96/6) (96/6) DELETE Change Addition TITLE 1.1 HILE ARMAS, JOSE NAME 1.2 NAME **CR2E034** 2645 SW 37TH AVE, SUITE 502 STREET ADDRESS 1.3 STREET ADDRESS **CORAL GABLES FL 33135** CITY-ST-ZIP 1.4 CITY - \$1 - 7IP DELETE Change Addition 2.1 TITLE TITLE 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS 2. 4 GITY- \$1- ZIP CITY-ST-ZIP Change DELETE Addition 3.1 TITLE TITLE NAME 3.2 NAMÉ STREET ADDRESS 3.3 STREET ADDRESS 3.4. C/TY+S1-ZIP CITY-ST-ZIP DELETE Add tion 4.1 TITLE ☐ Change TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP City-St-ZiP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.9 STREET ADDRESS 5.4 CHTY-ST-7IP CITY-ST-ZIP DELLETE ☐ Change ☐ Addition TITLE 6.1 TITLE NAME G.2 NAME 6.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 64 CITY - ST - 7IP

it with an address.

nes not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the ual report is true and accurate and that my signature shall have the same logal effect as if made under oath, that uslee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name