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

"PROFIT **CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Morthum

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

P96000080009 (9

SOUTH FLORIDA PHYSICIAN PRACTICE NO. 2, INC.

Principal Place of Business MARK DEC BILLI BLVD

CITY-ST-ZIP

OWINGS MILLS MD 21117		10065 RED RUN BLVD			•	
		OWINGS MILLS MD 21117		DO NOT WRITE IN THIS SPACE		
	*			3. Date Incorporated or Qualified		
				09/26/1996		
2. Principal P	Place of Business	2a. Mailing Address		4. FEI Number 53-20613	Applied For	
21		26		APPLIED FOR	Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional	
22		27		5. Certificate of Status Desired	Fee Required	
City & State	о .	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 owes or has paid the or	_ ' '	
24	[25]	29	30		L Yes L No	
	9. Name and Address of Currer	nt Hegistereo Agent	B1 Name	10. Name and Address of New Registered	Agent	
	CORPORATION SYSTEM		Name			
1200 \$OUTH PINE ISLAND ROAD PLANTATION FL 33324			82 Street Add	82 Street Address (P.O. Box Number is Not Acceptable)		
			00			
			83			
			84 City		85 Zip Code	
				<u> </u>	- 1	
11. Pursuant I office or r	to t he provisions of Sections 607.050 reg iste red agent, or both, in the State	02 and 607.1508, Florida Stat Fol Florida: Such change was	utes, the above-named corp authorized by the corpora	poration submits this statement for the purpose of ation's board of directors. I hereby accept the ap	of changing its registered on the changing its registered.	
agent La	m familiar with, and accept the oblig	alions of, Section 607.0505, F	lorida Statutes	and a second of an action of the top	pomimoni do registorea	
SIGNATURE						
12.	Signature typed or protect name of registeresting	ent and title if applicable (NC ID-DIRLCTORS	The Registered Agent signature requirements 13.	ired when reinsteling) DATE ADDITIONS/CHANGES TO OFFICERS AN	D DIDECTORS IN 40	
THILE	T OF HEAT IS AN	DELETE		ADDITIONS/CHANGES TO OFFICERS AN	Change Addition	
NAME	CIRKA, LAWRENCE	Z Frittie	1.2 NAME 1.2	- DEAT NELNING	Cusuffe S Vanitott	
STREET ADDRESS	10065 RED RUN BLVD.		1.3 STREET ADDRESS	OB ERT METER HEAlth Services, Inc.		
	OWNINGS MILLS MD 21117		1.0 OTHER PROSNEDS	10065 Red Run Blvd.		
CITY-ST-ZIP TITLE	D D D D D D D D D D D D D D D D D D D	DELETE	1.4 GITY-ST-ZIP 2.1 TITLE	Owings Mills, MD 21117	Change Addition	
NAME	LEVIN, MARC B	ل المتداد	2.2 NAME		C cuande C Wratton	
STREET ADDRESS	10065 RED RUN BLVD.		2.2 NAME 2.3 STREET ADDRESS			
	OWNINGS MILLS MD 21117			ş	.ve	
CITY-ST-ZIP TITLE	D D D D D D D D D D D D D D D D D D D	DELETE	2 4 CITY-ST-7IP 31 THEF		Change Addition	
NAME	ELKINS, MARSHALL A		32 NAME		C page 180 C vog(t0)	
STREET ADDRESS	10065 RED RUN BLVD.		33 STHEET ADDRESS			
CITY-ST-ZIF	OWNINGS MILLS MD 21117					
TITLE	V V	DELETE	3.4. C(1Y-S1-ZIP 4.1 1)TLF		Change Addition	
NAME	FULCHINO, MARK		4. 2 NAME	•	T comittee T tradition	
STREET ADDRESS	10065 RED RUN BLVD.	•	4.3 STREET ADDRESS			
CITY-ST-ZIP	OWINGS MILLS MD 21117		4.4 CHTY-ST-ZIP			
TITLE	1	DELETE	51 TillE		Change Addition	
NAME	BENNETT, BRADLEY		5.2 NAME			
STREET ADDRESS	10065 RED RUN BLVD.		5.3 STREET ADDRESS			
			J.J JINLE I MDUNEGO			
CITY CT MD			6.4.0(TV 01.7(0)			
CITY-ST-ZIP	OWINGS MILLS MD 21117	☐ DELETE	5.4 C(1Y - S1 - Z(P		Change Addition	
TITLE		DELETE	6.1 HTLE		Change Addition	
		DELETE			Change Addition	

6.4 CITY - \$1 - ZIP 14. Thereby 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 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 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 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 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 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 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. I further certify that the information indicated on this 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 of trustee employers and the same legal effect as if made under oath; that I am an officer or director of the corporation of the corporat