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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE NAME

DOCUMENT # P96000080037 (0)

SOUTH FLORIDA PHYSICIAN PRACTICE NO. 5, INC.

Principal Place of Business Mailing Address 10065 RED RUN BLVD. 10065 RED RUN BLVD **OWINGS MILLS MD 21117-4827** OWINGS MILLS MD 21117 3. Date Incorporated or Qualified 3a. Date of Last Report 09/26/1996 4. FEL Number 2. Principal Place of Business 2a. Mailing Address Applied For 21 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 Added to Fees Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032 ☐ Yes 24 25 29 30 Elorida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD 82 Street Address (P.O. Box Number is Not Acceptable) **PLANTATION FL 33324** 83 84 City Zip Code 11. Pursuant to the provisions of Sections 607,0502 and 607,1508, Florida Statutos. 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. Fam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (IVOTE: Engistered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DETE Change Addition TITLE 1111111 CIRKA, LAWRENCE P NAME 1.2 NAM 10065 RED RUN BLVD. STREET ADDRESS 1.3 STREET ADDRESS **OWINGS MILLS MD 21117** CITY-ST-ZIP 1.4 CDY - ST - ZIE Change 🔲 DUTTĒ 2.1 THUE Addition TITLE LEVIN, MARC B 2.2 NAME NAME 10065 RED RUN BLVD. STREET ADDRESS 2.3 STREET ADDRESS OWINGS MILLS MD 21117 CITY-ST-ZIP 2 4 CHY-S1-ZIP DETETE Change ___ Addition TITLE 3.1 1016 ELKINS, MARSHALL A NAME 3.2 NAME 10065 RED RUN BLVD. STREET ADDRESS 3.3 STREET ADURESS **OWINGS MILLS MD 21117** CITY-ST-ZIP 34 CHY-ST-7P DELETE TITLE 4.1 TITLE MND, MARK NAME 4. 2 NAMÉ STREET ADDRESS 4.3 STREET ADDRESS OWINGS MILLS, MD 213 4.4 CDY - S1 - ZIP CiTY-ST-ZIP DLLETE TITLE 5.1 Inte 5.2 NAME NAME

14. I do 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.

5.3 STREET ADDRESS

5.4 CITY - \$1 - ZIP

6.13000

G.2 NAME

DELETE

SIGNATURE: Male Fill warkfulchino

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***4950.00

10065 RED RUN BLVD

OWINGS MILLS, MD-21117

FILED

Mar 14 1997 8:00am

Secretary of State

14101998-8578

Addition