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 POCUMENT # P96000086582 (9) NOVUS PHYSICIANS, INC. Principal Place of Business Mailing Address 1801 S. FEDERAL HIGHWAY 1001 S. FEDERAL HIGHWAY SUITE 312 SUITE 312 **DELRAY BEACH FL 33483** DELRAY BEACH FL 33483-3335 3. Date Incorporated or Qualified 3a. Date of Last Report 10/18/1996 2a. Mailing Address 2. Principal Place of Business 4. FEI Number Applied For 21 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 Trust Fund Contribution 23 Added to Fees $Z_{\rm IP}$ Country Country Zip This corporation has liability for intangible tax under s. 199.032, Yes No 24 25 29 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name TOPFER, JEFFREY E 1801 S. FEDERAL HIGHWAY 82 Street Address (P.O. Box Number is Not Acceptable) **SUITE 312 B3** DELRAY BEACH FL 33487 84 City Zip Code 85 11. Pursiant 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 offlice 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 fam har with, and accept the obligations of. Section 607.0505, Florida Statutes. **SIGNATURI** Supparting types or protect name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. 96/6) TITLE DELETE 1.1 TITLE Change UDINE GIEN TOPFER, JEFFREY E NAME 1.2 NAME SCOI RICO DRIVE 3131 CLINT MOORE RD. #101 STREET ACODRESS 1.3 STREET ADDRESS **BOCA RATON FL 33496** CITY - \$1 - 70 1.4 CITY-ST-ZIP BOLA RATION, FLORIDA 33487 DELETE THILE 21 TITLE Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP CHY-51-7(F THU DELETE 3.1 TITLE Change Addition 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CHY-ST ZIP 3.4. CITY-ST-ZIP DELETE Title 4.1 TITLE Change Addition 4 2 NAME NAME STREET ANDRESS 4.3 STREET ADDRESS CHY-S1-7IP 4.4 CITY - ST - ZIP TITLE DELETE 51 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - \$1 - ZIP 5.4 CITY-ST-ZIP DELETE THEE 6.1 TITLE Addition 3000021372t -04/09/97--01003--002 NAMÉ 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS ***165.00 CHY-\$1-7/F 6.4 CITY - ST - ZIP

SIGNATURE

SISPATURGAND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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 a man 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 new the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my new the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes.

03/30/97 (561)279-0550

FILED

Apr 08 1997 8:00am

Secretary of State

AGRETA