

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jul 30 1998 8:00am
Secretary of State

DOCUMENT # **P97000079181 (8)**
1. Corporation Name

DOCTORS HEALTH PLAN OF SOUTH FLORIDA, INC.

Principal Place of Business

**4834 S LAKE DR
BOYNTON BEACH FL 33436**

Mailing Address

**4834 S LAKE DR
BOYNTON BEACH FL 33436**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/11/1997

4. FEI Number

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired

☐ **\$8.75** Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00** May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.
4834 S. LAKE DR
22 City & State
BOYNTON BEACH, FL
23 Zip
33436
24 Country
USA

2a. Mailing Address

26 **SAME**
27 Suite, Apt. #, etc.

City & State

28 **BOYNTON BEACH, FL**
29 Zip
33436
30 Country
USA

9. Name and Address of Current Registered Agent

**KUCERA, DRANK E DR.
4834 S LAKE DR
BOYNTON BEACH FL 33436**

10. Name and Address of New Registered Agent

81 Name **SAME**
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 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 **FRANK E. KUCERA, M.D.**

Frank E. Kucera MD

7-1-98

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	President	<input type="checkbox"/> DELETE
NAME	Frank E. Kucera, M.D.	
STREET ADDRESS	4834 S. Lake Drive	
CITY-ST-ZIP	Boynton Beach, Fl 33436	
TITLE	Vice-President	<input type="checkbox"/> DELETE
NAME	Edward J. Maas	
STREET ADDRESS	2820 Hackney Road	
CITY-ST-ZIP	Fort Lauderdale, Fl 33331	
TITLE	Secretary	<input type="checkbox"/> DELETE
NAME	McKinley Cheshire, M.D.	
STREET ADDRESS	914 N. Olive St.	
CITY-ST-ZIP	West Palm Beach; Fl 33401	
TITLE	Treasurer	<input type="checkbox"/> DELETE
NAME	John R. Smith M.F.	
STREET ADDRESS	515 S. Federal Hwy.	
CITY-ST-ZIP	Boynton Beach, Fl 33435	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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.

SIGNATURE *Frank E. Kucera MD*

CR2E034 (5/98)



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

July 14, 1998

DOCTORS HEALTH PLAN OF SOUTH FLORIDA, INC.
4834 S LAKE DR
BOYNTON BEACH, FL 33436

SUBJECT: DOCTORS HEALTH PLAN OF SOUTH FLORIDA, INC.
Ref. Number: P97000079181

Please be advised, we have received your document for the above corporation; however, the document **has not been filed** and is being returned for the following:

List the name, title, street address, city, and state of each officer/director of the corporation in block 12 or 13.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

ANNUAL REPORTS SECTION

Letter number: 698A00037408

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