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

DOCUMENT # P97000099589 (8)

PHYSICIANS ACCEPTANCE CORPORATION

FILED Jul 30 1998 8:00am Secretary of State

Principal Place of Business Mailing Address 1925 NE 45TH ST. SUITE 230 1925 NE 45TH ST. SUITE FT LAUDERDALE FL \$3308 FT LAUDERDALE FL 3330			30	L CORPORATE THE COLLECTION OF	
THE ENDERHOUSE TE OSAGO				DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified	
				11/21/1997	
	Place of Business University brive	2a. Mailing Address 26 311 Univers	sty Drive	4. FEI Number Applied For	
Suite, Apt.	111101011	 	Std Dille	Not Applicable	
22 Sult	le HIB	Suite, Apt. #, etc.	3	5. Certificate of Status Desired S8.75 Additional Fee Required	
City & Stat	1 garinus FL	City & State Spril	ngs FL	6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
Zip	Country	Zin	Country	8. This corporation owes or has paid the current year Intancible.	
24 650	165 25 Broward	29 33665	o Browers	Personal Property Tax due June 30. Yes No	
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent					
THIRER, MARTIN 81 Name Gerard J. Koziel					
1475 W CYPRESS CREEK ROAD SUITE 204 82 Street A			address (P.O. Box Number is Not Acceptable)		
FT LAUDERDALE FL 33309			83	Soite 418	
			84 City	Coral Springs FL 85 Zip Code 33065	
11. Pursuant to the provisions of sections 607 0502 and 607 1508. Florida Statutes the above pared cornection submits this statement for the pursues of changing its registered					
agent. I a	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 Service July 9, 1998					
Signature, typed or printed name of registered against and title if applicable (NOTE: Registered Against signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
12.	D OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME	GLIÇK, ALLAN	L DELETE	1.2 NAME	Change Addition	
STREET ADDRESS	1925 NE 45TH ST, SUITE 230		1.3 STREET ADDRESS	3111 University Drive, Suite 418	
CITY-ST-ZIP	FT LAUDERDALE FL 33308		1,4 CITY-ST-ZIP	Coral Springs, FL 33065	
TITLE		DELETE	2.1 TITLE	Director Change Addition	
NAME	•	COLLEGE	2.2 NAME	Gerard J-Koxiel	
STREET ADDRESS			23 STREET ADDRESS	Gerard J-Koxic Drive, suite 418	
CITY-ST-ZIP	,		2.4 CITY-ST-ZIP	Coral Springs, FL 83065	
TITLE	1	DELETE	3.1 TITLE	Director Change Waddition	
NAME			3.2 NAME	Gerald Goldberg, m.b. 3111 University Drive, Suite 418	
STREET ADDRESS	•		3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP	Coral Springs, FL 33065	
TITLE		DELETE	4.1 TITLE	Director Change Addition	
NAME			4.2 NAME	michael weston, m. A.	
STREET ADDRESS			4.3 STREET ADDRESS	Michael Weston, M.D. 3111 University Drive, Suite 418 Coral Springs, FL 32065	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	coral springs, rh asubs	
TITLE		L DELETE	J. I TITCE.	L Change L_ Addition	
NAME		•	5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP TITLE			5.4 CITY-ST-ZIP		
NAME.		L DELETE	6.1 TITLE	Change Addition	
STREET ADDRESS			6.2 NAME		
ĺ			6.3 STREET ADDRESS		
14. I hereby ce	ertify that the Information supplied with th	is filing does not qualify for the	6.4 CITY-ST-ZIP	section 110 07/3Vi) Florida Statutes I further portify that the information	

4. 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.

CNATURE. HELAND AKIND (GORAND J. KOZICI) 7-27-98 (984) 345-5701

CR2E034 (5/98