

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

FILED
May 05 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **S63577 (8)**
1. Corporation Name
FPA MEDICAL MANAGEMENT OF FLORIDA, INC.



Principal Place of Business 5835 BLUE LAGOON DRIVE MIAMI FL 33128-2017 US	Mailing Address ATTN: ACCOUNTS PAYABLE P.O. BOX 149079 CORAL GABLES FL 33114-9079 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 3636 Nobel Drive 27 200 28 San Diego, CA 29 92122 30 USA		3. Date Incorporated or Qualified 06/27/1991	4. FEI Number 65-0266732
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
C/O CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION FL 33324**

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

FL

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

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

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	FLAM, SEITH M	
STREET ADDRESS	3636 NOBEL DRIVE, #200	
CITY-ST-ZIP	SAN DIEGO CA	
TITLE	TO	<input checked="" type="checkbox"/> DELETE
NAME	LASH, STEVEN N	
STREET ADDRESS	3636 NOBEL DRIVE, #200	
CITY-ST-ZIP	SAN DIEGO CA	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	LIZERBRAM, SOL	
STREET ADDRESS	3636 NOBEL DRIVE, #200	
CITY-ST-ZIP	SAN DIEGO CA	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	MOORE, CHERYL A	
STREET ADDRESS	3636 NOBEL DRIVE, #200	
CITY-ST-ZIP	SAN DIEGO CA	
TITLE	SVPS	<input type="checkbox"/> DELETE
NAME	LEBOVITZ, JAMES A	
STREET ADDRESS	3636 NOBEL DRIVE, #200	
CITY-ST-ZIP	SAN DIEGO CA	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	BARNARD, BRIAN K	
STREET ADDRESS	6855 SOUTH RED ROAD, #500	
CITY-ST-ZIP	CORAL GABLES FL	

1.1 TITLE	President/Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Stephen J. Dresnick, M.D.	
1.3 STREET ADDRESS	5835 Blue Lagoon Drive	
1.4 CITY-ST-ZIP	Miami, FL 33126	
2.1 TITLE	Treasurer/Director/vp	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Douglas E. Kerner	
2.3 STREET ADDRESS	3636 Nobel Drive, Ste. 200	
2.4 CITY-ST-ZIP	San Diego, CA 92122	
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	Director/Secretary/VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	James A. Lebovitz	
5.3 STREET ADDRESS	3636 Nobel Drive, Suite 200	
5.4 CITY-ST-ZIP	San Diego, CA 92122	
6.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Brian K. Barnard	
6.3 STREET ADDRESS	5835 Blue Lagoon Drive	
6.4 CITY-ST-ZIP	Miami, FL 33126	

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

James A. Lebovitz

James A. Lebovitz

4/17/98

(610) 934-8620

CR2E034 (10/97)