

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

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED

98 MAY -1 AM 8:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # V03515 (6)
1. Corporation Name
HEALTH SERVICES OF PEMBROKE LAKES, INC.

Principal Place of Business

Mailing Address

1200 S. PINE ISLAND RD.
STE. 600
FT. LAUDERDALE FL 33324
US

1200 S. PINE ISLAND RD.
STE. 600
FT. LAUDERDALE FL 33324
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 3000 Galleria Tower

27 Suite, Apt. #, etc.

27 Suite 1000

28 City & State

28 Birmingham, AL

29 Zip 30 Country 35244 USA

3. Date Incorporated or Qualified

01/02/1992

4. FEI Number

65-0302685

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

81 Name

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, hereby accept its 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 file if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☒ DELETE

NAME VD
MCCLEARY, GEORGE W JR
STREET ADDRESS 1200 S. PINE ISLAND RD.
CITY-ST-ZIP FT. LAUDERDALE FL 33324

TITLE ☒ DELETE

NAME S
PECK, DAVID C
STREET ADDRESS 1200 S. PINE ISLAND RD.
CITY-ST-ZIP FT. LAUDERDALE FL

TITLE ☒ DELETE

NAME PD
FINDEISS, J. CLIFFORD
STREET ADDRESS 1200 S. PINE ISLAND RD.
CITY-ST-ZIP FT. LAUDERDALE FL

TITLE ☒ DELETE

NAME D
ERIE CHAPMAN 111
STREET ADDRESS 1200 S PINE ISLAND RD
CITY-ST-ZIP FT. LAUDERDALE FL

TITLE ☒ DELETE

NAME T
MARY ANN BLANDFORD
STREET ADDRESS 1200 S. PIN ISLAND RD.
CITY-ST-ZIP FT. LAUDREDALE FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P/D/CEO ☐ Change ☒ Addition

1.2 NAME E. Mac Crawford
1.3 STREET ADDRESS 3000 Galleria Tower, Suite 1000
1.4 CITY-ST-ZIP Birmingham, AL 35244

2.1 TITLE V/T/D ☐ Change ☒ Addition

2.2 NAME Harold O. Knight, Jr.
2.3 STREET ADDRESS 3000 Galleria Tower, Suite 1000
2.4 CITY-ST-ZIP Birmingham, AL 35244

3.1 TITLE V/S/O ☐ Change ☒ Addition

3.2 NAME Tracy P. Thrasher
3.3 STREET ADDRESS 3000 Galleria Tower, Suite 1000
3.4 CITY-ST-ZIP Birmingham, AL 35244

4.1 TITLE SVP/COO ☐ Change ☒ Addition

4.2 NAME Marta Prado
4.3 STREET ADDRESS 1200 S. Pine Island Rd, Suite 600
4.4 CITY-ST-ZIP Ft. Lauderdale, FL 33324

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

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

Tracy P. Thrasher
VPA Secretary

5-30-98

205-733-8996

CR2E034 (10/97)



2

ACCOUNT NO. : 072100000032

REFERENCE : 802968 4390339

AUTHORIZATION :

Patricia Pizzit

COST LIMIT : \$ 150.00

ORDER DATE : April 30, 1998

ORDER TIME : 9:19 AM

ORDER NO. : 802968-035

CUSTOMER NO: 4390339

CUSTOMER: Ms. Becky Taber
Medpartners, Inc.
3000 Riverchase
Galleria Tower / Ste. 1000
Birmingham, AL 35244

ANNUAL REPORT FILING

NAME: HEALTH SERVICES OF PEMBROKE
LAKES, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Lynette Coleman

EXAMINER'S INITIALS: _____

RECEIVED
98 MAY -1 AM 11:21
DIVISION OF CORPORATION