

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # *V23238*
1. Corporation Name
Primary Care Group Practice & Assoc., P.A.

Principal Place of Business Mailing Address

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21		26	<i>7500 SW 8th</i>	4. FEI Number		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		<i>65-0919830</i>		Not Applicable	
22		27	<i>101</i>	5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
23		28	<i>Miami FL 33144</i>	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
24	Zip	25	Country	29	Zip	30	County
				<i>33144</i>		<i>Dade</i>	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<i>MARINA V. TOARES</i>				81 Name			
<i>7500 SW 8 ST</i>				82 Street Address (P.O. Box Number is Not Acceptable)			
<i>Miami, FL 33144</i>				83			
				84 City			
				FL		85 Zip Code	

11. Pursuant to the provisions of Sections 607.0602 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: *Marina Toares* 4/28/96 Registered Agent's public record when registering: *4/28/96* DAY

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	<i>President</i>	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	<i>Antonio C. Pimental, MD</i>			1.2 NAME			
STREET ADDRESS	<i>9500 Bial Rd</i>			1.3 STREET ADDRESS			
CITY-ST-ZIP	<i>Miami, FL 33165</i>			1.4 CITY-ST-ZIP			
TITLE	<i>1st Vice President</i>	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	<i>Guillermo Martinez, MD</i>			2.2 NAME			
STREET ADDRESS	<i>6900 SW Coral Way</i>			2.3 STREET ADDRESS			
CITY-ST-ZIP	<i>Miami, FL</i>			2.4 CITY-ST-ZIP			
TITLE	<i>Secretary</i>	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	<i>Roberto J. Rodriguez, MD</i>			3.2 NAME			
STREET ADDRESS	<i>6900 Coral Way</i>			3.3 STREET ADDRESS			
CITY-ST-ZIP	<i>Miami, FL</i>			3.4 CITY-ST-ZIP			
TITLE	<i>Board Member</i>	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	<i>James J. Rodriguez</i>			4.2 NAME			
STREET ADDRESS	<i>1450 SW 1st St</i>			4.3 STREET ADDRESS			
CITY-ST-ZIP	<i>Miami, FL</i>			4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 trustee 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 as an attachment with an address.

SIGNATURE: *Antonio C. Pimental, MD* *4/28/96*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)