

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

FILED

Apr 23 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # V35940 (8)		
1. Corporation Name: PHYSICIANS CHOICE, INC.		



Principal Place of Business 4722 SW 74TH AVE MIAMI FL 33155	Mailing Address 4722 SW 74TH AVE MIAMI FL 33155-4417
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 25 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 05/14/1992	3a. Date of Last Report 07/15/1996
4. FEI Number 65-0351947		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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No			

9. Name and Address of Current Registered Agent E.H.G. RESIDENT AGENTS, INC. 5100 TOWN CENTER CIRCLE SUITE 330 BOCA RATON FL 33486				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	☐ DELETE		1.1 TITLE	SECRETARY	☐ Change ☒ Addition	
NAME	FAMADAS, NELSON			1.2 NAME	DE ARMAS, ROGER		
STREET ADDRESS	4722 S.W. 74TH AVE.			1.3 STREET ADDRESS	4722 S.W. 74TH AVE		
CITY-ST-ZIP	MIAMI FL 33155			1.4 CITY-ST-ZIP	MIAMI, FL 33155		
TITLE	VD	☒ DELETE		2.1 TITLE	TREASURER	☐ Change ☒ Addition	
NAME	ECHEVARRIA, ALEX			2.2 NAME	Williams, Todd		
STREET ADDRESS	4722 S.W. 74TH AVE			2.3 STREET ADDRESS	4301 32ND AVE W. Suite C6		
CITY-ST-ZIP	MIAMI FL			2.4 CITY-ST-ZIP	BRADENTON, FL 34205		
TITLE	SD	☒ DELETE		3.1 TITLE	VICE PRESIDENT	☐ Change ☒ Addition	
NAME	KRIES, LAWRENCE			3.2 NAME	Williams, Ron		
STREET ADDRESS	2655 LEJEUNE RD., #505			3.3 STREET ADDRESS	4301 32ND AVE W. Suite C6		
CITY-ST-ZIP	CORAL GABLES FL			3.4 CITY-ST-ZIP	BRADENTON, FL 34205		
TITLE	D	☒ DELETE		4.1 TITLE	DIRECTOR	☐ Change ☒ Addition	
NAME	GOMEZ, FAUSTO B			4.2 NAME	Nelson G. Famadas		
STREET ADDRESS	2655 LEJEUNE RD., #505			4.3 STREET ADDRESS	4722 S.W. 74 AVE		
CITY-ST-ZIP	CORAL GABLES FL			4.4 CITY-ST-ZIP	MIAMI, FL 33155		
TITLE	SECRETARY	☐ DELETE		5.1 TITLE	DIRECTOR	☐ Change ☒ Addition	
NAME	DE ARMAS, ROGER			5.2 NAME	IVAN CASTANEDA		
STREET ADDRESS	4722 S.W. 74TH AVE			5.3 STREET ADDRESS	4722 S.W. 74 AVE		
CITY-ST-ZIP	MIAMI FL 33155			5.4 CITY-ST-ZIP	MIAMI, FL 33155		
TITLE	TREASURER	☐ DELETE		6.1 TITLE	DIRECTOR	☐ Change ☒ Addition	
NAME	WILLIAMS, TODD			6.2 NAME	MIKE MURPHY		
STREET ADDRESS	4301 32ND AVE W Suite C6			6.3 STREET ADDRESS	4301 32ND AVE W Suite C6		
CITY-ST-ZIP	BRADENTON, FL 34205			6.4 CITY-ST-ZIP	BRADENTON, FL 34205		

14. I do 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: _____ DATE: 3-14-97 DAYTIME PHONE: 305-267-1804

CR2E034 (9/96)