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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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CORPORATION
ANNUAL REPORT
1995

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

DOCUMENT # **V57437** **(8)**

1. Corporation Name
GROUP PRACTICE MANAGEMENT, INC.

Principal Place of Business	Mailing Address
4651 SHERIDAN STREET SUITE 400 HOLLYWOOD FL 33021 US	4651 SHERIDAN STREET SUITE 400 HOLLYWOOD FL 33021 US

3. Date Incorporated or Qualified: **08/14/1992**
3a. Date of Last Report: **06/16/1994**

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip / County
24 / 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip / County
29 / 30

4. FEI Number: **65-0360536** ☐ 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 C. 199.032 Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

FOTSCH, CHARLES
4651 SHERIDAN STREET
SUITE 400
HOLLYWOOD FL 33021

10. Name and Address of New Registered Agent

81 Name: Jay A. Martus
82 Street Address (P.O. Box Number is Not Acceptable): 1101 Brickell Ave.
83: Suite 1100
84 City: Miami FL 85 Zip Code: 33131

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: Jay A. Martus — May 30, 1995
Signature, typed or printed name of registered agent and, if applicable, (NEW) Registered Agent signature required when mandatory — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	SD	11 TITLE	VP/S	☒ Change ☐ Addition
NAME	ANKER, DONALD M	12 NAME	Jay A. Martus	
STREET ADDRESS	4651 SHERIDAN STREET, SUITE 400	13 STREET ADDRESS		
CITY ST ZIP	HOLLYWOOD FL	14 CITY ST ZIP		
TITLE	D	21 TITLE	EVP/D	☒ Change ☐ Addition
NAME	KARCH, GARY	22 NAME	Lewis Gold	
STREET ADDRESS	4651 SHERIDAN STREET, SUITE 400	23 STREET ADDRESS		
CITY ST ZIP	HOLLYWOOD FL	24 CITY ST ZIP		
TITLE	D	31 TITLE	deleted	☒ Change ☐ Addition
NAME	MOSER, MARK	32 NAME		
STREET ADDRESS	4651 SHERIDAN STREET, SUITE 400	33 STREET ADDRESS		
CITY ST ZIP	HOLLYWOOD FL	34 CITY ST ZIP		
TITLE	PD	41 TITLE		☒ Change ☐ Addition
NAME	EISNEBERG, MITHCELL	42 NAME	Eisenberg, Mitchell	
STREET ADDRESS	4651 SHERIDAN STREET, SUITE 400	43 STREET ADDRESS		
CITY ST ZIP	HOLLYWOOD FL	44 CITY ST ZIP		
TITLE	VPD	51 TITLE	deleted	☒ Change ☐ Addition
NAME	LIPTON, GEORGE	52 NAME		
STREET ADDRESS	4651 SHERIDAN STREET, SUITE 400	53 STREET ADDRESS		
CITY ST ZIP	HOLLYWOOD FL	54 CITY ST ZIP		
TITLE	TD	61 TITLE		☐ Change ☐ Addition
NAME	SHEINMAN, STEVEN M	62 NAME		
STREET ADDRESS	4651 SHERIDAN STREET, SUITE 400	63 STREET ADDRESS		
CITY ST ZIP	HOLLYWOOD FL	64 CITY ST ZIP	T.S. 5/31/95	

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)(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: GROUP PRACTICE MANAGEMENT, INC. — May 30, 1995 — (305)987-5822
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
By: Jay A. Martus, Vice President and Secretary

0004028 CP